

<i>SERFF Tracking Number:</i>	<i>MEAM-126885717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>47227</i>
<i>Company Tracking Number:</i>	<i>FC-336-AR</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.004 Partnership</i>
<i>Product Name:</i>	<i>FC-336-AR</i>		
<i>Project Name/Number:</i>	<i>FC-336-AR/</i>		

Filing at a Glance

Company: MedAmerica Insurance Company

Product Name: FC-336-AR

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.004 Partnership

Filing Type: Form/Rate

SERFF Tr Num: MEAM-126885717 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: FC-336-AR

Author: Lorie Heimbuck

Date Submitted: 11/05/2010

State Status: Approved-Closed

Reviewer(s): Harris Shearer,
Stephanie Fowler

Disposition Date: 12/09/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: FC-336-AR

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/09/2010

Deemer Date:

Submitted By: Lorie Heimbuck

Filing Description:

The enclosed form and rate filing is submitted for your review and approval. This Long Term Care Insurance Product is intended to be tax-qualified under section 7702B(b) of the Internal Revenue Code. The forms submitted under the Forms Schedule tab are new and are not intended to replace any existing forms.

Please see the cover letter for details.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/09/2010

Created By: Lorie Heimbuck

Corresponding Filing Tracking Number:

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Company and Contact

Filing Contact Information

Lorie Heimbeck, LTC Compliance Analyst lorie.heimbeck@medamericaltc.com
165 Court Street 585-238-4692 [Phone]
Rochester , NY 14647 585-238-3642 [FAX]

Filing Company Information

MedAmerica Insurance Company CoCode: 69515 State of Domicile: Pennsylvania
165 Court Street Group Code: Company Type: Long Term Care
Insurance
Rochester, NY 14647 Group Name: State ID Number:
(585) 327-6522 ext. [Phone] FEIN Number: 34-0977231

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Filing /review of policy etc per submission =\$50
Filing /review of rate filing per insurer=\$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MedAmerica Insurance Company	\$100.00	11/05/2010	41578912
MedAmerica Insurance Company	\$1,150.00	11/15/2010	41909424

SERFF Tracking Number:	MEAM-126885717	State:	Arkansas
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Company Tracking Number:	FC-336-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
Product Name:	FC-336-AR		
Project Name/Number:	FC-336-AR/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/09/2010	12/09/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	12/08/2010	12/08/2010	Lorie Heimbuck	12/08/2010	12/09/2010
Pending Industry Response	Marie Bennett	11/15/2010	11/15/2010	Lorie Heimbuck	11/15/2010	11/15/2010

<i>SERFF Tracking Number:</i>	<i>MEAM-126885717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>47227</i>
<i>Company Tracking Number:</i>	<i>FC-336-AR</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.004 Partnership</i>
<i>Product Name:</i>	<i>FC-336-AR</i>		
<i>Project Name/Number:</i>	<i>FC-336-AR/</i>		

Disposition

Disposition Date: 12/09/2010

Implementation Date:

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

SERFF Tracking Number:	MEAM-126885717	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	47227
Company Tracking Number:	FC-336-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
Product Name:	FC-336-AR		
Project Name/Number:	FC-336-AR/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Partnership Certification Form	Approved	Yes
Supporting Document	Previously Approved Forms	Approved	Yes
Supporting Document	redlines	Approved	Yes
Form (revised)	POLICY - COMPREHENSIVE	Approved	Yes
Form	POLICY - COMPREHENSIVE	Replaced	No
Form	POLICY- FACILITIES ONLY	Approved	Yes
Form	SHARED WAIVER RIDER	Approved	Yes
Form	EXTENDED BENEFIT RIDER	Approved	Yes
Form	SHARED EXTENDED BENEFIT RIDER	Approved	Yes
Form	SURVIVOR BENEFIT RIDER	Approved	Yes
Form	RESTORATION OF BENEFITS RIDER	Approved	Yes
Form	GRADED RETURN OF PREMIUM UPON DEATH RIDER	Approved	Yes
Form	RETURN OF PREMIUM UPON DEATH RIDER	Approved	Yes
Form	MONTHLY ASSISTED LIVING FACILITY, HOME HEALTH CARE, AND ADULT DAY CARE BENEFIT RIDER	Approved	Yes
Form	MONTHLY CASH BENEFIT RIDER	Approved	Yes
Form	NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER	Approved	Yes
Form	20 CALENDAR DAY ELIMINATION PERIOD FOR ASSISTED LIVING FACILITY, HOME HEALTH CARE AND ADULT DAY CARE RIDER	Approved	Yes
Form	COMBINATION BENEFIT INCREASE RIDER	Approved	Yes
Form	SIMPLE INFLATION - NO MAX RIDER	Approved	Yes
Form	SIMPLE INFLATION - 2X MAX RIDER	Approved	Yes
Form	COMPOUND - NO MAX RIDER	Approved	Yes

SERFF Tracking Number:	MEAM-126885717	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	47227
Company Tracking Number:	FC-336-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
Product Name:	FC-336-AR		
Project Name/Number:	FC-336-AR/		

Form	COMPOUND - 2X MAX RIDER	Approved	Yes
Form	GUARANTEED PURCHASE OPTION RIDER	Approved	Yes
Form	DAILY BENEFIT INCREASE RIDER	Approved	Yes
Form	COVERAGE CHANGE FORM (WITHIN 30 DAYS)	Approved	Yes
Form	COVERAGE CHANGE FORM (AFTER 30 DAYS)	Approved	Yes
Form	PERSONAL WORKSHEET	Approved	Yes
Form	SUITABILITY STANDARDS	Approved	Yes
Rate	FC-336-AR RATES	Approved	Yes
Rate	FC-337-AR RATES	Approved	Yes
Rate	FC-336-AR MEMORANDUM	Approved	Yes
Rate	FC-337-AR MEMORANDUM	Approved	Yes

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/08/2010
Submitted Date 12/08/2010
Respond By Date 01/10/2011

Dear Lorie Heim buck,

This will acknowledge receipt of the captioned filing.

Objection 1

- POLICY - COMPREHENSIVE, FC-336-AR (Form)

Comment: Page one - CAUTION - Little Rock needs to be capit olized.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/08/2010
Submitted Date 12/09/2010

Dear Harris Shearer,

Comments:

Thank you for your response.

Response 1

Comments: I have corrected the error on FC-336-AR. I have also attached a redline of the form on the supporting document tab.

Related Objection 1

Applies To:

- POLICY - COMPREHENSIVE, FC-336-AR (Form)

Comment:

Page one - CAUTION - Little Rock needs to be capitolized.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: redlines

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
POLICY - COMPREHENSIVE	FC-336-AR		Policy/Contract/Fraternal Certificate	Initial		0.000	FC-336-AR.pdf
Previous Version							
POLICY - COMPREHENSIVE	FC-336-AR		Policy/Contract/Fraternal Certificate	Initial		0.000	FC-336-AR.pdf

SERFF Tracking Number: *MEAM-126885717* *State:* *Arkansas*
Filing Company: *MedAmerica Insurance Company* *State Tracking Number:* *47227*
Company Tracking Number: *FC-336-AR*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.004 Partnership*
Product Name: *FC-336-AR*
Project Name/Number: *FC-336-AR/*

No Rate/Rule Schedule items changed.

Please do not hesitate to contact me should you have any additional questions.

Sincerely,
Lorie Heimback

SERFF Tracking Number:	MEAM-126885717	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	47227
Company Tracking Number:	FC-336-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
Product Name:	FC-336-AR		
Project Name/Number:	FC-336-AR/		

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/15/2010

Submitted Date 11/15/2010

Respond By Date

Dear Lorie Heimbuck,

This will acknowledge receipt of the captioned filing.

Objection 1

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)
- Cover letter (Supporting Document)
- Forms List (Supporting Document)
- Partnership Certification Form (Supporting Document)
- Previously Approved Forms (Supporting Document)
- POLICY - COMPREHENSIVE, FC-336-AR (Form)
- POLICY- FACILITIES ONLY, FC-337-AR (Form)
- SHARED WAIVER RIDER, FC-SWR-AR (Form)
- EXTENDED BENEFIT RIDER, FC-EBR-AR (Form)
- SHARED EXTENDED BENEFIT RIDER, FC-SEBR-AR (Form)
- SURVIVOR BENEFIT RIDER, FC-SVR-AR (Form)
- RESTORATION OF BENEFITS RIDER, FC-ROBR-AR (Form)
- GRADED RETURN OF PREMIUM UPON DEATH RIDER, FC-GROPR-AR (Form)
- RETURN OF PREMIUM UPON DEATH RIDER, FC-ROPR-AR (Form)
- MONTHLY ASSISTED LIVING FACILITY, HOME HEALTH CARE, AND ADULT DAY CARE BENEFIT RIDER, FC-MBR-AR (Form)
- MONTHLY CASH BENEFIT RIDER, FC-CASHR-AR (Form)
- NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER, FC-SBPR-AR (Form)
- 20 CALENDAR DAY ELIMINATION PERIOD FOR ASSISTED LIVING FACILITY, HOME HEALTH CARE AND ADULT DAY CARE RIDER, FC-EPR-AR (Form)
- COMBINATION BENEFIT INCREASE RIDER, FC-CBIR-AR (Form)
- SIMPLE INFLATION - NO MAX RIDER, FC-SIMP-AR (Form)
- SIMPLE INFLATION - 2X MAX RIDER, FC-SIMP2X-AR (Form)

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

- COMPOUND - NO MAX RIDER, FC-CMP-AR (Form)
- COMPOUND - 2X MAX RIDER, FC-CMP2X-AR (Form)
- GUARANTEED PURCHASE OPTION RIDER, FC-GPOR-AR (Form)
- DAILY BENEFIT INCREASE RIDER, FC-DBIR-AR (Form)
- COVERAGE CHANGE FORM (WITHIN 30 DAYS), FC-15830-AR (Form)
- COVERAGE CHANGE FORM (AFTER 30 DAYS), FC-15831-AR (Form)
- PERSONAL WORKSHEET, FC-200 (Form)
- SUITABILITY STANDARDS, FC-200S (Form)
- FC-336-AR RATES, [FC-336-AR] (Rate)
- FC-337-AR RATES, [FC-337-AR] (Rate)
- FC-336-AR MEMORANDUM, [FC-336-AR] (Rate)
- FC-337-AR MEMORANDUM, [FC-337-AR] (Rate)

Comment: EFFECTIVE 1/1/10. AR RULE 57, SEC 5, SSEC 11, REQUIRES A FILING FEE OF \$50.00 PER ADVERTISEMENT AND/OR FORM.

Please forward an additional remittance of \$1,150.00 to cover the filing fee. Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/15/2010
Submitted Date 11/15/2010

Dear Harris Shearer,

Comments:

Response 1

Comments: The additional filing fees have been sent via EFT.

Related Objection 1

Applies To:

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)
- POLICY - COMPREHENSIVE, FC-336-AR (Form)
- POLICY- FACILITIES ONLY, FC-337-AR (Form)
- SHARED WAIVER RIDER, FC-SWR-AR (Form)
- EXTENDED BENEFIT RIDER, FC-EBR-AR (Form)
- SHARED EXTENDED BENEFIT RIDER, FC-SEBR-AR (Form)
- SURVIVOR BENEFIT RIDER, FC-SVR-AR (Form)
- RESTORATION OF BENEFITS RIDER, FC-ROBR-AR (Form)
- GRADED RETURN OF PREMIUM UPON DEATH RIDER, FC-GROPR-AR (Form)
- RETURN OF PREMIUM UPON DEATH RIDER, FC-ROPR-AR (Form)
- MONTHLY ASSISTED LIVING FACILITY, HOME HEALTH CARE, AND ADULT DAY CARE BENEFIT RIDER, FC-MBR-AR (Form)
- MONTHLY CASH BENEFIT RIDER, FC-CASHR-AR (Form)
- NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER, FC-SBPR-AR (Form)
- 20 CALENDAR DAY ELIMINATION PERIOD FOR ASSISTED LIVING FACILITY, HOME HEALTH CARE AND ADULT DAY CARE RIDER, FC-EPR-AR (Form)
- COMBINATION BENEFIT INCREASE RIDER, FC-CBIR-AR (Form)
- SIMPLE INFLATION - NO MAX RIDER, FC-SIMP-AR (Form)
- SIMPLE INFLATION - 2X MAX RIDER, FC-SIMP2X-AR (Form)
- COMPOUND - NO MAX RIDER, FC-CMP-AR (Form)

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

- COMPOUND - 2X MAX RIDER, FC-CMP2X-AR (Form)
- GUARANTEED PURCHASE OPTION RIDER, FC-GPOR-AR (Form)
- DAILY BENEFIT INCREASE RIDER, FC-DBIR-AR (Form)
- COVERAGE CHANGE FORM (WITHIN 30 DAYS), FC-15830-AR (Form)
- COVERAGE CHANGE FORM (AFTER 30 DAYS), FC-15831-AR (Form)
- PERSONAL WORKSHEET, FC-200 (Form)
- SUITABILITY STANDARDS, FC-200S (Form)
- Cover letter (Supporting Document)
- Forms List (Supporting Document)
- Partnership Certification Form (Supporting Document)
- Previously Approved Forms (Supporting Document)
- FC-336-AR RATES, [FC-336-AR] (Rate)
- FC-337-AR RATES, [FC-337-AR] (Rate)
- FC-336-AR MEMORANDUM, [FC-336-AR] (Rate)
- FC-337-AR MEMORANDUM, [FC-337-AR] (Rate)

Comment:

EFFECTIVE 1/1/10. AR RULE 57, SEC 5, SSEC 11, REQUIRES A FILING FEE OF \$50.00 PER ADVERTISEMENT AND/OR FORM.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Lorie Heimbuck

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 12/09/2010	FC-336-AR	Policy/Cont ract/Fratern al Certificate POLICY - COMPREHENSIVE	Initial		0.000	FC-336-AR.pdf
Approved 12/09/2010	FC-337-AR	Policy/Cont ract/Fratern al Certificate POLICY- FACILITIES ONLY	Initial		0.000	FC-337-AR.pdf
Approved 12/09/2010	FC-SWR-AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider SHARED WAIVER RIDER	Initial		0.000	FC-SWR-AR.pdf
Approved 12/09/2010	FC-EBR-AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider EXTENDED BENEFIT RIDER	Initial		0.000	FC-EBR-AR.pdf
Approved 12/09/2010	FC-SEBR-AR	Policy/Cont ract/Fratern al Certificate: Amendmen SHARED EXTENDED BENEFIT RIDER	Initial		0.000	FC-SEBR-AR.pdf

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

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Approved FC-SVR- Policy/Cont SURVIVOR Initial 0.000 FC-SVR-
12/09/2010 AR ract/Fratern BENEFIT RIDER AR.pdf

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Approved FC-ROBR- Policy/Cont RESTORATION OF Initial 0.000 FC-ROBR-
12/09/2010 AR ract/Fratern BENEFITS RIDER AR.pdf

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Approved FC- Policy/Cont GRADED RETURN Initial 0.000 FC-GROPR-
12/09/2010 GROPR- ract/Fratern OF PREMIUM UPON AR.pdf
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12/09/2010 AR ract/Fratern PREMIUM UPON AR.pdf
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SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Approved FC-MBR- 12/09/2010 AR	Policy/Cont MONTHLY ract/Fratern ASSISTED LIVING al FACILITY, HOME Certificate: HEALTH CARE, Amendmen AND ADULT DAY t, Insert CARE BENEFIT Page, RIDER Endorseme nt or Rider	Initial	0.000	FC-MBR- AR.pdf
Approved FC- 12/09/2010 CASHR-AR	Policy/Cont MONTHLY CASH ract/Fratern BENEFIT RIDER al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	FC-CASHR- AR.pdf
Approved FC-SBPR- 12/09/2010 AR	Policy/Cont NON-FORFEITURE ract/Fratern SHORTENED al BENEFIT PERIOD Certificate: RIDER Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	FC-SBPR- AR.pdf
Approved FC-EPR- 12/09/2010 AR	Policy/Cont 20 CALENDAR DAY ract/Fratern ELIMINATION al PERIOD FOR Certificate: ASSISTED LIVING Amendmen FACILITY, HOME t, Insert HEALTH CARE AND Page, ADULT DAY CARE Endorseme RIDER nt or Rider	Initial	0.000	FC-EPR- AR.pdf

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

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Approved	FC-GPOR-	Policy/Cont	GUARANTEED	Initial	0.000	FC-GPOR-
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Approved	FC-DBIR-	Policy/Cont	DAILY BENEFIT	Initial	0.000	FC-DBIR-
12/09/2010	AR	ract/Fratern	INCREASE RIDER			AR.pdf

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Approved	FC-15830-	Other	COVERAGE	Initial	0.000	FC-15830-
12/09/2010	AR		CHANGE FORM			AR.pdf

(WITHIN 30 DAYS)

Approved	FC-15831-	Other	COVERAGE	Initial	0.000	FC-15831-
12/09/2010	AR		CHANGE FORM			AR.pdf

(AFTER 30 DAYS)

Approved	FC-200	Other	PERSONAL	Initial	0.000	FC-200.pdf
12/09/2010			WORKSHEET			

Approved	FC-200S	Other	SUITABILITY	Initial	0.000	FC-200S.pdf
12/09/2010			STANDARDS			



Thank You for selecting MedAmerica Insurance Company as Your long term care insurer. We are pleased to provide You with this Policy. Your coverage, if the first premium is paid as stated herein, begins at 12:01 a.m. Standard time at Your Home on the Effective Date of this Policy. It ends on 12:01 a.m. Standard time at Your Home on the Termination Date of this Policy.

PLEASE READ THIS POLICY CAREFULLY.

This Policy is intended to be a qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Notice to Buyer: This Policy may not cover all the costs associated with long term care incurred during the period of coverage. The buyer is advised to review carefully all Policy limitations.

DISCLAIMER: THIS POLICY IS NOT DISABILITY INSURANCE OR ANY OTHER TYPE OF INCOME REPLACEMENT COVERAGE. Benefits under this Policy do not replace income or provide payment in the event of illness or accident resulting in disabilities not meeting the definition of Benefit Eligibility as contained herein.

THIS POLICY IS GUARANTEED RENEWABLE: This Policy will continue for Your lifetime as long as You do not exhaust the Maximum Lifetime Benefit and You pay the premiums within the allowable time. We cannot change the provisions of this Policy without Your consent. We can change Your premium with 45 Days written notice, but only if We change the premiums for all similar Policies issued in Your state on this Policy form. You cannot be singled out for any increase because of a change in Your age or health.

NOTE: With the exception of the statement that We cannot change the provisions of this Policy without Your consent, the above paragraph does not apply to Policies on which premiums are no longer payable.

RIGHT TO EXAMINE POLICY: If You feel this Policy does not meet Your needs, You may return it to Your producer or Us within 30 Days. If You do so: (1) We will return the premium You paid; and (2) We will not provide any Benefits under this Policy.

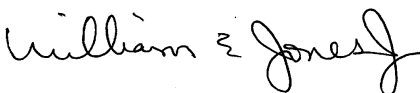
CAUTION: The issuance of this long term care Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the above mailing address.

You may reach the Arkansas Insurance Department at the following address: Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904 or call [1-501-371-2640 or 1-800-852-5494]

Failure To Cooperate: If You fail to cooperate with Us in proceeding against the party responsible for Your illness or injury to recover the Benefits We have paid, We will be entitled to be reimbursed for said Benefits from a settlement or judgment You receive from the responsible party.

This Policy is not a Medicare Supplement Policy: If You are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” available from Us.

This Policy is signed on Our behalf by Our President.



[

[William E. Jones, Jr]

[President

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SCHEDULE OF POLICY BENEFITS

POLICY NUMBER: [FC-336-AR]

ORIGINAL POLICY EFFECTIVE DATE: MM/DD/YY

[POLICY CHANGE EFFECTIVE DATE: MM/DD/YY]

BILLING ACCOUNT #:

POLICYOWNER ISSUE AGE: [(18-85)]

PAYMENT MODE:

POLICYOWNER NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX

ADDRESS: Line 1

Line 2

Note: The Benefits shown on this Schedule of Policy Benefits page are those that You elected and which became effective on the Effective Date of this Policy. The Benefit amounts shown are before any increases resulting from an Inflation Option, if applicable.

BASE BENEFITS AND PREMIUM INFORMATION

MAXIMUM LIFETIME BENEFIT	[\$ 999,999]
ELIMINATION PERIOD	[20,30,60,90,100,180,365 Days]
MAXIMUM DAILY BENEFIT	[\$ 999 Per Day]
MAXIMUM NURSING HOME BENEFIT	[\$ 999 Per Day]
[MAXIMUM ASSISTED LIVING FACILITY, HOME HEALTH CARE AND ADULT DAY CARE BENEFIT]	[\$ 999 Per Day]
BASIC BENEFITS MODAL PREMIUM [Comprehensive]	[\$ 99,999.99]
PREMIUM PAYMENT OPTION: <input checked="" type="checkbox"/> X Lifetime: Premiums are payable as long as Your Policy is in force. <input checked="" type="checkbox"/> X 10 Pay: Premiums are payable until the 10 th Policy Anniversary Date. <input checked="" type="checkbox"/> X 20 Pay: Premiums are payable until the 20 th Policy Anniversary Date.	

[OPTIONAL RIDERS MODAL PREMIUM]		[\$ 99,999.99]
[INFLATION OPTION] [No Inflation, Benefits Remain Level]; [5% Simple Inflation – No Maximum Rider]; [3% Simple Inflation – No Maximum Rider]; [5% Simple Inflation – 2X Maximum Increase Rider]; [3% Simple Inflation – 2X Maximum Increase Rider]; [5% Compound Inflation – No Maximum Rider]; [3% Compound Inflation – No Maximum Rider]; [5% Compound Inflation -- 2X Maximum Rider]; [3% Compound Inflation -- 2X Maximum Rider]; [Combination Benefit Increase Rider]; [Guaranteed Purchase Option Rider]; [Daily Benefit Increase Rider]	[\$ 99,999.99]	
[RESTORATION OF BENEFITS RIDER]	[x]	
[RETURN OF PREMIUM UPON DEATH RIDER]	[x]	
[GRADED RETURN OF PREMIUM UPON DEATH RIDER]	[x]	
[NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER]	[x]	
[EXTENDED BENEFIT RIDER] [EXTENDED BENEFIT AMOUNT]	[x] [730 Days] [1095 Days]	
[MONTHLY CASH BENEFIT RIDER]	[x]	
[MONTHLY ASSISTED LIVING FACILITY, HOME HEALTH CARE & ADULT DAY CARE BENEFIT RIDER]	[x]	
[20 CALENDAR DAY ELIMINATION PERIOD FOR ASSISTED LIVING, HOME HEALTH CARE AND ADULT DAY CARE RIDER]	[x]	
[SHARED WAIVER RIDER]	[x]	
[SURVIVOR BENEFIT RIDER]	[x]	
[SHARED EXTENDED BENEFIT RIDER] [SHARED EXTENDED BENEFIT AMOUNT]	[x] [Days]	
TOTAL MODAL PREMIUM INCLUDING OPTIONAL RIDERS AND DISCOUNTS		[\$ 99,999.99]
TOTAL ANNUALIZED PREMIUM INCLUDING OPTIONAL RIDERS AND DISCOUNTS		[\$ 99,999.99]

DEFINITIONS

This section informs You of some of the special words and phrases used in this Policy. Other words and phrases may be defined in other sections of the Policy. The first letter of each word or words in a phrase is capitalized to help You easily recognize defined terms wherever they appear in the Policy.

ACTIVITIES OF DAILY LIVING (ADL)

Each of the following is an Activity of Daily Living:

Bathing: This means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: This means the ability to maintain control of bowel or bladder functions; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: This means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: This means the ability to feed Yourself by getting food into Your body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously.

Toileting: This means the ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: This means the ability to move into or out of a bed, chair, or wheelchair.

ADULT DAY CARE

Means a program of social and health-related services provided during the Day in a community group setting. The purpose of the program is to support frail or impaired individuals, or other disabled adults who can benefit from the care in a group setting outside the Home.

If You are Benefit Eligible and reside outside a hospital, Nursing Home, or Assisted Living Facility, We will pay the charges incurred for each Day You receive at least 4 hours of services provided by and at an Adult Day Care Facility.

ADULT DAY CARE FACILITY

Means a facility that provides a program of Adult Day Care and:

1. Is certified or licensed, as applicable, by the appropriate state agency to provide such care if the state in which it is located certifies or licenses such facilities;
2. Operates at least 5 Days a week on a less than 24 hour basis and is not an overnight facility;
3. Provides Adult Day Care services to at least 6 clients on a regular basis, unless otherwise required by law;
4. Maintains a written record for each client that includes a Plan of Care and a record of all services performed;
5. Has established procedures for obtaining appropriate aid in the event of a medical emergency;
6. Has formal arrangements for providing the services of: a dietician; a licensed physical therapist; a licensed speech therapist; and a licensed occupational therapist; and
7. Has on staff a full-time director and at least one Nurse in attendance during operating hours for at least 4 hours a Day.

ASSESSMENT

An Assessment is an evaluation of Your ability to perform Activities of Daily Living and Your cognitive condition to certify whether You are Chronically Ill. A Licensed Health Care Practitioner using recognized and accepted, objective standards of measurement must perform the Assessment. The Assessment must be made at the time You wish to establish Benefit Eligibility.

ASSISTED LIVING FACILITY

Means a facility that is engaged primarily in providing ongoing care and related services and which charges a fee to provide inpatient care for You when You are not in need of the level of care provided in a hospital or Nursing Home but are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired.

1. Such facility must be licensed, certified or registered to provide such care if required by the jurisdiction in which it is operating; or
2. If licensure or certification is not required, such facility must:
 - a. provide Maintenance or Personal Care Services by on-site facility staff and 3 meals a Day, including special diets; and
 - b. have procedures in place establishing appropriate protocol for medication management and the handling and administration of drugs and biologicals; and
 - c. provide an emergency call system and on-site facility staff who are aware of the whereabouts of residents at all times and are ready and able to respond to and meet both scheduled and unpredictable needs of residents 24 hours per Day, including supervision of safety and security; and
 - d. have a central dining room, living room or parlor, and common activity areas; and
 - e. have a Registered Nurse on-site or on contract to provide nursing services specified in the Plan of Care.

Regardless of name, any facility meeting the above requirements will qualify as an Assisted Living Facility. As an example, this could include adult foster care facilities, congregate care facilities, basic care facilities, residential care facilities, family and group assisted living facilities, personal care boarding homes, domiciliary care homes and personal care homes.

An Assisted Living Facility is not a Nursing Home, hospital, or rehabilitation hospital, although it may be a separate and distinct wing or section of such an institution, if such wing or section, including Your assigned bed, is appropriately licensed, certified, or registered to provide the level of care defined above. An Assisted Living Facility is also not an independent living apartment, group home, or similar congregate living setting designed primarily for independent living.

BENEFICIARY

A Beneficiary is a person or entity named by You to receive any premiums that may be due in the event of Your death.

BENEFITS

Benefits are the payments this Policy pays. They are described in the Schedule of Policy Benefits and any Riders attached to this Policy.

**BENEFIT ELIGIBLE or
BENEFIT ELIGIBILITY**

To be Benefit Eligible or achieve Benefit Eligibility under this Policy, all of the following conditions must be met.

1. We have verified You are Chronically Ill;
2. You have a Plan of Care; and
3. Your Elimination Period has been met. (Does not apply to Benefits that do not require meeting the Elimination Period.)

Your Benefits are payable if:

1. You are Benefit Eligible* ; and
2. You reside in a Nursing Home, an Assisted Living Facility or are receiving Home Health Care or Adult Day Care services; or
3. You receive care under a Hospice Care Program.

* If You are receiving care under a Hospice Care Program, Benefit Eligibility does not require You to satisfy Your Elimination Period for payments to be made.

**CARE DIRECTIONS FAMILY ADVICE
AND ADVOCACY PROGRAM®**

The Care Directions Family Advice and Advocacy Program® is an added Benefit offered to You and Your Family. The program is staffed by Personal Care Advisors, who are health care professionals chosen by Us, and whose profession and training include experience or expertise in managing and arranging for long term care services. Where required, Our Personal Care Advisor will be licensed and acting within the scope of that license.

CAREGIVER TRAINING

Means appropriate training and instruction provided by a person approved by the Personal Care Advisor to provide the knowledge and skills necessary for:

1. The proper use and care of a therapeutic device and/or disposable medical aids, including but not limited to catheters, colostomy bags, or suctioning tubes; or
2. The performance of appropriate caregiving procedures, such as changing wound dressings, repositioning You in bed, or giving insulin injections.

**CHRONICALLY ILL or
CHRONIC ILLNESS**

Chronically Ill means that, as the result of an Assessment, You have been certified by a Licensed Health Care Practitioner as having a Chronic Illness or disability that causes You to:

1. Require Substantial Assistance with at least two Activities of Daily Living that is expected to last at least 90 Days, or
2. Have a Severe Cognitive Impairment that requires Substantial Supervision.

CURRENT MAXIMUM LIFETIME BENEFIT

The total amount available for Benefit payments under Your Policy as established on Your most recent Policy Anniversary Date minus claims paid or payable since that date.

DAY or CALENDAR DAY

A Day begins at 12:01 a.m. Standard time at Your Home and ends at 12:00 p.m. Standard time at Your Home.

DOMESTIC PARTNER

Domestic Partners are persons at least 18 years of age, of the same or opposite sex in an exclusive and committed relationship. They must have lived together for at least 12 months in a common household and have an exclusive mutual commitment, including financial interdependence, similar to that of marriage.

ELIMINATION PERIOD

The Elimination Period is the number of Calendar Days You must wait before You will receive Benefits. Your Elimination Period begins the earliest of the date We have verified You are Chronically Ill and have a Plan of Care or the date You contact Us to establish Benefit Eligibility.

The Elimination Period will end after the number of Days chosen by You and shown on Your Schedule of Policy Benefits has elapsed.

Benefits are not payable during the Elimination Period except where the Policy so states. Days in an Elimination Period are combined, and do not need to be consecutive. You need to meet Your Policy's Elimination Period only once.

Respite Care Benefits and Hospice Services are not subject to, nor will they satisfy, the Elimination Period.

HOME

Means the place where You normally reside other than a Nursing Home, Assisted Living Facility, rehabilitation hospital, hospital, or other acute care facility.

HOME HEALTH CARE

Means services provided by a Home Health Care Agency for care in Your Home and while You are not confined to a hospital, Nursing Home, or Assisted Living Facility.

HOME HEALTH CARE AGENCY

Means an entity or organization that provides care and services in accordance with a Plan of Care in Your Home, is primarily engaged in providing Home Health Care services, and

1. Is licensed by state law or certified by Medicare as a Home Health Care Agency; or
2. Is accredited as a Home Health Care Agency or as a provider of Home Health Care services by the National League of Nursing, the Joint Commission on Accreditation of Healthcare Organizations, or any other association that has substantially the same accreditation standards; or
3. Is an entity that is not state licensed or Medicare certified, provided such entity:
 - a. is a formalized agency that has been organized to provide Home Health Care, under a Plan of Care, which is supervised and/or monitored at least every 60 Days by an on-staff Registered Nurse or licensed social worker; and
 - b. which maintains a written record for each client, including documentation of all services delivered and a Plan of Care.

HOSPICE CARE PROGRAM

Means a state or federally licensed, accredited or certified program that provides a program of care designed to provide palliative care with the philosophy of alleviating Your physical, emotional, and spiritual discomforts if You:

1. Are in the last phases of life due to a terminal disease; and
2. Have a physician-certified prognosis of less than 6 months to live.

The program must be administered by an interdisciplinary team that consists of a physician, a registered nurse, clergy or counselors, trained volunteers and other appropriate staff having expertise in meeting the needs of terminal patients.

Hospice Care Program services may be provided in a facility or in Your Home.

IMMEDIATE FAMILY

Means Your Spouse/Domestic Partner and anyone who is related to You or Your Spouse/Domestic Partner (including adopted, in-law, and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew, or niece, and any of their spouses.

LICENSED HEALTH CARE PRACTITIONER

A Licensed Health Care Practitioner means any of the following: a physician (as defined in Section 1861(r)(1) of the Social Security Act); a registered professional nurse; a licensed social worker; or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

MAINTENANCE OR PERSONAL CARE SERVICES

Any care for which the primary purpose is to assist You with the Chronic Illness that caused You to meet the conditions set forth in the Benefit Eligibility section of this Policy.

MAXIMUM DAILY BENEFIT AMOUNT

The maximum amount We will pay for all charges You incur on any one Day as shown in Your Schedule of Policy Benefits. If an Inflation Option is chosen, this amount will increase per the terms of the rider on your Policy Anniversary Date.

MAXIMUM LIFETIME BENEFIT

The total amount of Benefits payable under this Policy for care and services as shown on Your Schedule of Policy Benefits. Your original Maximum Lifetime Benefit is determined by Your selection of a Maximum Daily Benefit Amount multiplied by the number of benefit Days You select. We will deduct from this amount all Benefits We pay for all covered services provided under this Policy. If an Inflation Option is chosen, this amount will increase per the terms of the rider on your Policy Anniversary Date.

MEDICARE

The Health Insurance for Aged Act, Title XVIII of the Social Security Act Amendments of 1965, as Constituted and Later Amended.

NURSING HOME

Means a facility, or that part of a facility, which:

1. is licensed by the state in which it is located as a Nursing Home or an Alzheimer's disease facility if licensure is required by the jurisdiction in which it is located; and
2. is engaged in providing, in addition to room and board accommodations, 24-hour nursing services 7 Days a week by an on-site registered nurse and related services on a continuing inpatient basis; and
3. has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and maintains a clinical record of each patient.

A Nursing Home may be either a freestanding facility or a distinct part of a facility such as a ward, wing, unit, or swing bed of a hospital or other institution. If the facility complex to which You are confined consists of wards, wings, floors, units, or swing-beds, the area of the facility in which such You are confined must be licensed as a Nursing Home if licensure is required by the jurisdiction in which it is located and Your assigned bed must be included.

The term "Nursing Home" does not include:

1. a hospital (except as provided above);
2. a rehabilitation hospital;
3. a place which is primarily for treatment of mental or nervous disorders (except Alzheimer's disease), drug addiction, or alcoholism;
4. a home for the aged;
5. a rest home, community living center, or a place that provides domestic, resident, retirement or educational care;
6. an Assisted Living Facility;
7. personal care homes;
8. residential care facilities;
9. adult foster care facilities;
10. congregate care facilities;
11. domiciliary care homes;
12. basic care facilities; or
13. similar facilities.

PERSONAL CARE ADVISOR

This is a health care professional chosen by Us whose profession and training includes experience or expertise in managing and arranging for long term care services. Where required, he or she must be licensed and acting within the scope of that license. These services are optional and are provided at no cost to You.

PLAN OF CARE

This is a written, individualized plan for care and support services for You that:

1. Has been prescribed by a Licensed Health Care Practitioner; and
2. Has been developed as a result of an Assessment and incorporates any information provided by Your personal physician; and
3. Fairly, accurately and appropriately addresses Your long term care and support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the providers appropriate to furnish those services.

A Plan of Care is completed at the same time the Assessment is performed.

POLICY

This is a legal agreement between You and Us. It includes this document, Your application, and any attached riders or endorsements.

POLICY ANNIVERSARY DATE

This is the date each year that coincides with the date this Policy went into effect. The first Policy Anniversary Date will be one year from the date the Policy went into effect.

QUALIFIED LONG-TERM CARE SERVICES

These are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, as well as Maintenance or Personal Care services, which;

1. are required by a person who is Benefit Eligible as described in this Policy and
2. are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

The following is a partial list of services that meet the above definition. There are many other services that may also qualify. Should You need assistance in deciding on or obtaining care, Your Personal Care Advisor may be able to help.

- Home Health Care
- Homemaker Services
- Adult Day Care
- Caregiver Training
- Care Coordination and Advice
- Assistive Devices
- Home modification
- Therapy
- Care provided by a licensed family members
- Assisted Living, Residential & Personal Care Facilities
- Respite Care
- Nursing Home
- Hospice Services
- Meals on Wheels
- Transportation
- Durable medical equipment

RESPITE CARE

Respite Care services provide temporary care for You while Your informal unpaid caregiver in the Home takes a brief rest. Respite Care covers temporary confinements in a Nursing Home, Assisted Living Facility, or care received in Your Home.

SEVERE COGNITIVE IMPAIRMENT	Means a deterioration or irreversible loss in intellectual capacity that requires Substantial Supervision to assure the safety of Yourself and others. The deterioration or loss is established by clinical evidence and standardized tests that reliably measure: short-term or long-term memory; orientation as to people, place, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.
SPOUSE	A Spouse is the person to whom You are married. The marriage must be recognized as legal in accordance with the laws of the state in which this Policy is sold.
SUBSTANTIAL ASSISTANCE	There are two types of Substantial Assistance: <ol style="list-style-type: none"> 1. <i>Hands-on Assistance:</i> The physical assistance of another person without which You could not perform an Activity of Daily Living, or 2. <i>Stand-by Assistance:</i> The presence of another person within arm's reach necessary to prevent, by physical intervention, injury to You while You are performing an Activity of Daily Living.
SUBSTANTIAL SUPERVISION	This is continuous oversight that may include receiving cues through verbal prompting, gestures, or other demonstrations by another person, that is necessary to protect You from threats to Your health or safety.
SUPPORTIVE EQUIPMENT	Supportive Equipment means equipment that is used to provide You with Qualified Long-Term Care Services. It must be able to withstand repeated use and is designed to be used in the Home to assist You in performing Activities of Daily Living. <p>Examples of Supportive Equipment include:</p> <ol style="list-style-type: none"> 1. hospital-style beds 2. ramps to permit Your movement from one level of the residence to another 3. grab bars to assist You in toileting 4. pumps and other devices for intravenous injection 5. respirators 6. medical alert systems
WE, US, OUR	These refer to MedAmerica Insurance Company when used in this Policy.
YOU, YOUR, YOURSELF	This refers to the Policyowner under this Policy whose name appears in the Schedule of Policy Benefits.

PART 1: BENEFITS

YOUR POLICY BENEFITS

NURSING HOME BENEFIT

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Nursing Home while You are a resident.

ASSISTED LIVING FACILITY BENEFIT

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Assisted Living Facility Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided in an Assisted Living Facility.

HOME HEALTH CARE AND ADULT DAY CARE BENEFIT

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Home Health Care and Adult Day Care Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Home Health Care Agency or an Adult Day Care Facility that are:

1. Home Health Care or personal care attendant services including such things as: personal hygiene, performing Activities of Daily Living, managing medications, and other related support services
2. Adult Day Care
3. nursing services
4. physical, occupational, respiratory and speech therapy
5. homemaker services including light work, household tasks, preparing meals, doing laundry and other incidental household tasks that do not require the services of a trained aide or attendant.

ADDITIONAL POLICY FEATURES AND BENEFITS

HOSPICE SERVICES

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for charges incurred each Day You receive services from a Hospice Program.

Benefits for Hospice Services are not subject to, nor will they satisfy, the Elimination Period.

We will not pay for more than 180 Days of Hospice Services.

CAREGIVER TRAINING

This Benefit is not available if the Monthly Cash Benefit Rider is in force.

To qualify for this additional Benefit, the Personal Care Advisor must approve the provider of the training.

If You are Benefit Eligible, We will pay the charges incurred for Caregiver Training to qualify a volunteer caregiver to assist You.

The maximum Benefit available for Caregiver Training will be the lower of:

1. the approved costs, or
2. 10 times Your Maximum Daily Benefit for Home Health Care and Adult Day Care.

Caregiver Training included free of charge by an equipment or supply vendor does not qualify for Benefits.

The Caregiver Training Benefit is not subject to, nor will it satisfy, the Elimination Period.

RESPIRE CARE

This Benefit is not available if the Monthly Cash Benefit Rider is in force.

If You are Benefit Eligible and You are at Home, We will pay Benefits for Qualified Long Term Care Services for Respite Care provided in Your Home, in a Nursing Home, or in an Assisted Living Facility.

We will pay the actual charges incurred up to the Daily Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for a maximum Benefit of 30 Days per calendar year. Payments made under this Benefit are deducted from Your Maximum Lifetime Benefit. (Note: You cannot carry over unused Benefits into the next calendar year);

Respite Care Benefits are not subject to, nor will they satisfy, the Elimination Period.

We will not pay Respite Care Benefits when other Benefits, except for the Personal Care Advisor Benefit, are payable under this Policy.

PERSONAL CARE ADVISOR

CARE DIRECTIONS FAMILY ADVICE AND ADVOCACY PROGRAM®

The value of Your Policy goes beyond covering the cost of services. We can provide You with advice on accessing and tailoring Your coverage to meet Your particular needs before or while You are Benefit Eligible. You may use the services of Our Care Directions Family Advice and Advocacy Program® at any time. These services are optional and are provided at no cost to You. Our Personal Care Advisors are professionals who can help You and/or Your family members plan for Your care. From assisting in developing a written Plan of Care when You establish Your claim to monitoring Your needs on an ongoing basis, Care Directions® Personal Care Advisors will provide You with their support.

In addition to helping with the planning and monitoring of Your care, Our Personal Care Advisors can also help You locate long term care services. We do not guarantee the services of any particular provider, nor the quality of care You may receive, but We will work with You and/or Your family to find the type of care You choose.

Services provided under the Care Directions Family Advice and Advocacy Program® are not subject to the Elimination Period. Using them will not reduce Your Maximum Lifetime Benefit.

BED RESERVATION

This Benefit is not available if the Monthly Cash Benefit Rider is in force.

If You are absent for any reason except discharge during confinement in a Nursing Home or Assisted Living Facility, We will provide Daily Benefits up to 30 Days per calendar year at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit or Maximum Assisted Living Facility Benefit as applicable.

Your Benefit will be one of the following:

1. If the absence occurs after You have met the Elimination Period, We will pay charges incurred up to the Maximum Daily Benefit for room and board while You are reserving a room during each Day of Your absence.
2. If the absence occurs while You are satisfying the Elimination Period, We will give You credit toward Your Elimination Period for each Day

You incur room and board charges to hold the room.

You cannot carry over unused Benefits into the next calendar year.

ALTERNATIVE CARE and SUPPORT SERVICES

If You are Benefit Eligible, under this provision, We may pay for Benefits not directly noted in Your Policy. Such Benefits must be for Qualified Long Term Care Services that are medically acceptable, cost effective and agreed to by You and Us.

Examples of services that could be considered under this provision include, but are not limited to, an independent caregiver, medically necessary transportation to and from Adult Day Care, a medical alert system, charges for labor and supplies for minor Home modifications that will enhance Your ability to perform Activities of Daily Living and allow You to remain safely at Home.

WORLDWIDE COVERAGE

This Policy covers Qualified Long-Term Care Services provided to You anywhere in the world by Licensed Healthcare Practitioners certified by applicable governmental bodies where required.

OTHER GOODS AND SERVICES

We may offer or provide certain goods and services in addition to insurance coverage. We may also arrange for third party vendors to provide goods and services at a discount including without limitation, financial counseling services for You and Your Beneficiary, as well as caregiver support services. Though We may make the arrangements, the third party vendors are solely liable for providing the goods and services. We shall not be responsible for providing or failing to provide the goods and services. Further, We shall not be liable for the negligent provision of the goods and services by third party vendors.

PART 2: GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES

This Policy document, Your Application, any Riders and any attached papers establish the entire contract of insurance between You and Us. Any change must be approved by one of Our officers and mutually agreed to by You. We must also endorse or attach any change to this Policy. No insurance producer has the authority to change this Policy or to waive any of its provisions.

YOUR BENEFITS

This Section is modified if You have elected the Shared Waiver and/or Shared Extended Benefit Riders. Please see Your Shared Waiver and/or Shared Extended Benefit Rider for details of Your coverage under those Riders.

With the exception of a named payee or Your estate, only You are eligible for Benefit payments other than returned premiums under this Policy.

EFFECTIVE DATE

This is when Policy coverage begins.

This Policy begins on the Effective Date shown in the Schedule of Policy Benefits. All coverage periods begin on that date at 12:01 a.m. Standard time at Your Home.

TERMINATION

This is when Policy coverage ends.

This Policy ends and Benefits will not be available on the Day after the date one of the following occurs:

1. Your coverage lapses due to nonpayment of premium (subject to the
- [16]

- Grace Period); or
2. You exhaust Your Maximum Lifetime Benefit; or
3. You elect to cancel this Policy; or
4. You die.

All coverage periods end on that date at 12:01 a.m. Standard time at Your Home.

EXTENSION OF BENEFITS

This Section is modified if You have elected the Shared Waiver and/or Shared Extended Benefit Riders. Please see Your Shared Waiver and/or Shared Extended Benefit Rider for details of Your coverage under those Riders.

If You are Benefit Eligible on the date this Policy is cancelled, We will continue to pay applicable Benefits without interruption until the first of the following dates:

1. You are no longer Benefit Eligible under this Policy; or
2. Your Current Maximum Lifetime Benefit is exhausted.

We will not pay more than You would have been entitled to receive if the Policy had not Terminated.

INCONTESTABLE PERIOD

We may rescind this Policy or deny a claim during the first 6 months of the Policy if We can show You made a misrepresentation that was material to Our acceptance of Your Application.

After 6 months but before 2 years from Your Effective Date, We may rescind this Policy or deny a claim if We show that You made a misrepresentation that was both material to Our acceptance of Your Application and pertained to the condition for which Benefits are sought.

After 2 years from Your Effective Date, We may rescind this Policy or deny a claim only if We show that You knowingly and intentionally misrepresented relevant facts relating to Your health or due to non-payment of premiums.

These provisions also apply if You provide additional evidence of insurability to purchase additional coverage after the Original Policy Effective Date.

CLERICAL ERROR

Clerical error, whether made by You or Us, will not void Your insurance if the insurance would otherwise have been in effect. Neither will it extend the insurance if the insurance would otherwise have ended or been reduced as provided in this Policy.

MISSTATEMENT OF FACT

If You made any misstatement of fact on Your Application regarding Your age, eligibility for coverage or Your Spouse/Domestic Partner status, We will change the premium for this Policy retroactively to the Original Policy Effective Date to correspond to:

1. Your correct age;
2. Your correct eligibility category; and/or
3. Your actual Spouse/Domestic Partner status.

Our liability will be limited to a refund of the premiums paid for this Policy if:

1. We would have declined Your application if Your age was not misstated; or
2. We would have required You to provide additional evidence of insurability.

NON-PARTICIPATING

This Policy does not participate in Our profits or surplus earnings.

TAX STATUS OF PREMIUMS AND BENEFITS

This Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The Benefits under this Policy are paid without regard to the type and amount of expenses You may have. Generally, if the Benefits paid under a Policy exceed the per diem limit as prescribed in law, they could be considered taxable income. You should consult Your tax advisor with respect to the potential tax implications of ownership of this Policy.

COMMUNICATION THROUGH ELECTRONIC MEANS

We reserve the right to designate the form and means of all communications or notices required by this Policy.

If We agree, You may contact Us about Your Policy using electronic means or technologies.

If You agree, We may contact You regarding this Policy using electronic means or technologies.

Except where barred by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity, and enforceability.

CONFORMITY WITH FEDERAL AND STATE STATUTES

If on the Original Policy Effective Date, any part conflicts with federal statutes or statutes in the state where You live, this Policy is hereby amended to conform to the minimum requirement of such statutes.

If We need to make changes in order to maintain the tax-qualified status of this Policy, We will provide You with the opportunity to accept or reject the necessary amendments to this Policy.

SUBROGATION

If You become eligible for Benefits under this Policy as the result of injury or illness for which another party may be responsible, and We pay Benefits to You as the result of that injury or illness, We reserve the right to pursue recovery from such third party, whether by judgment, settlement or otherwise, to the extent of the total amount of Benefits paid to You under this Policy, less reasonable and necessary expenditures, including attorneys' fees, incurred in effecting such recovery. Our right to proceed against the third party is independent of any right of action You may have.

PART 3: PREMIUM

PREMIUM AMOUNT

The initial premium is shown in Your Schedule of Policy Benefits. It will remain the same unless You change the coverage or We change the premium. If We change the premium, We will notify You at least 45 Days in advance. We will make no change to the premium amount unless We change the premium rates for all Policies like Yours that We have issued in the state where this Policy was approved and, where applicable, Your State Department of Insurance has approved the increase.

The above does not apply if premiums are no longer payable.

PAYMENT

Premiums are due in advance of the due date.

GRACE PERIOD

We will grant an initial Grace Period of 31 Days for each premium that is unpaid on the date due. After the initial Grace Period of 31 Days elapses, We will send a notice to You explaining that You have missed a payment and that You risk a lapse in Your Policy coverage. If You have designated an individual to be notified in case of lapse, We will also send notice to the address provided for that designee. You will have an additional Grace Period of 35 Days that begins the date We mail the notice to pay the unpaid premium.

Payment will allow this Policy to continue in force without interruption. Failure to pay any unpaid premium by the end of the second Grace Period will result in the Termination of Your Policy as of the premium due date.

Lapse Designee: If You have designated an individual to be notified of lapse, We will provide You the opportunity, no less frequently than every 2 years, to change such designation.

The above provisions do not apply if premiums are no longer payable.

REINSTATEMENT

If this Policy lapses because You did not pay the premium within the Grace Period, You may request reinstatement with no break in coverage. If We honor this request, We will reinstate the Policy back to the Termination date. If We do not approve or disapprove the request within 45 Days of receipt of the request and a premium was accepted by Us or one of Our authorized representatives, We will reinstate the Policy as of the date the Policy Terminated.

The above does not apply if premiums are no longer payable.

EXTENDED REINSTATEMENT BENEFIT FOR SEVERE COGNITIVE IMPAIRMENT AND LOSS OF FUNCTIONAL CAPACITY

You may request reinstatement up to 5 months after Termination if You did not pay the premium due to a condition that would qualify You for Benefits. Your condition is subject to verification. We will require an Assessment before deciding on reinstatement. If reinstated, You must pay the premium retroactively to the date the Policy Terminated.

The above does not apply if premiums are no longer payable.

UNEARNED PREMIUM

When We are notified of Your death or the cancellation of this Policy, We will refund any unearned premium paid for the period beyond such notification. We will refund all premiums paid for the period beyond Your death to Your Beneficiary. In the absence of a named Beneficiary, We will refund unearned premium to Your estate.

In the event of the cancellation of this Policy, We will refund premiums paid for the period beyond such cancellation to You.

The above does not apply if premiums are no longer payable.

RIGHT TO REDUCE COVERAGE AND LOWER PREMIUMS

You may, at any time, ask for a decrease in Your coverage. You must make Your request for a decrease in coverage in writing. We will base Your reduced premium on Your age as of Your Original Policy Effective Date.

We will provide written notice to You, during Your Grace Period, of Your option to reduce coverage to lower Your premium. We will not lower Your coverage below the state minimum.

WAIVER OF PREMIUMS

This Section is modified if You have elected the Shared Waiver and/or Survivor Benefit. Please see these Riders for details of Your coverage under the Riders.

We will waive Your premium payments on a monthly basis starting on the first Day We pay for Nursing Home, Assisted Living Facility, Home Health Care and Adult Day Care or Hospice Services.

The above does not apply if premiums are no longer payable.

PART 4: ELIGIBILITY FOR PAYMENT OF BENEFITS

ESTABLISHING BENEFIT ELIGIBILITY

You should contact Us to start the process of establishing Benefit Eligibility. If You think You might be Chronically Ill, please call Our Customer Service Department at [1-800-544-0327].

We will work with You, Your family and Your physician to arrange the Assessment and obtain any other needed information about Your condition. This information will be gathered by Us or one of Our representatives at no cost to You.

You will also need a Plan of Care. The Plan of Care is updated as Your needs change. You may use the services of Our Personal Care Advisors. These services are provided at no cost to You. We will review Your Assessment to verify You are Chronically Ill. You may contact Us with any questions regarding Our decision.

To continue Benefit Eligibility, We must verify You are Chronically Ill and receive an updated Plan of Care at least every 12 months.

NOTICE OF CLAIM

This Section is modified if You have elected the Monthly Cash Benefit Rider Benefit. Please see these Riders for details of Your coverage under the Riders.

You must provide written notice of claim to Us within 60 Days after the date Your Chronic Illness starts, or as soon thereafter as is reasonably possible. You should include in Your notice at least Your name, Your Billing Account Number, and the address to which We should sent the claim form. Send notice to Us at:

MedAmerica Insurance Company
[Administrative Offices:]
[165 Court Street]
[Rochester, NY 14647]

HOW TO FILE A CLAIM

CLAIM FORMS: We will send claim forms to You upon receipt of a written notice of claim.

If We do not send such forms within 15 Days after receiving notice, We will deem You to have met the timeliness of claim filing requirements if You have submitted a letter describing the occurrence, the character and the extent of Your Chronic Illness within the time fixed in this Policy for filing Proof Of Loss.

At a minimum, the description should include Your name and address, Your Billing Account Number, the type of Benefits You are claiming, the names and addresses of Your physicians, the services You required, Your diagnosis, and the periods for which You are claiming Benefits.

WHEN TO FILE A CLAIM

PROOF OF LOSS: We must receive written Proof Of Loss within 90 Days after the end of each month for which We may pay Benefits. Failure to furnish proof within the time required neither invalidates nor reduces any claim if You were not reasonably able to give proof within such time, provided You furnish such proof as soon as reasonably possible and no later than 1 year from the time proof is otherwise required unless You are legally incapacitated.

CONDITIONS FOR RECEIVING CLAIM PAYMENT

If You are Benefit Eligible, We will pay Benefits subject to the terms, limitations and Exclusions described in this Policy. The following conditions also apply:

1. Your Policy must be in force when the care is approved and received; and
2. You have completed the Elimination Period, if it applies; and
3. The service is covered under this Policy; and
4. The service is included in the Plan of Care developed for You; and
5. You have not exhausted the Maximum Lifetime Benefit amount shown in Your Schedule of Policy Benefits.

PAYMENT OF CLAIMS: We will pay all Benefits to You, Your Power of Attorney or to the approved provider upon Your request. You may request in writing no later than the time proof of loss is filed that We make payment to the approved provider. We will pay any unpaid Benefits at Your death to Your estate.

HOW AND WHEN CLAIMS ARE PAID

This Section is modified if You have elected the Monthly Cash Benefit Rider Benefit. Please see these Riders for details of Your coverage under the Riders.

TIME OF PAYMENT OF CLAIM: Upon receipt of the proper written proof of loss, We will pay any Benefits due:

1. monthly, when the loss is expected to result in ongoing Benefits and
2. promptly, when Our liability has ended.

We will make such payment within 30 Days after receiving the proper written Proof of Loss.

If We contest a claim or a portion of a claim, We will notify You or Your assignee in writing that We have contested or denied the claim within 30 Days after We have received Your claim.

The notice that the claim is contested will identify the contested portion of the claim and the reasons for contesting the claim.

Upon receiving any additional information requested by Us, We will pay or deny the contested claim or portion thereof within 30 Days.

WHEN YOU HAVE CLAIM QUESTIONS

If You would like an explanation of Our claim payment, please call, write or visit Us.

YOUR APPEAL RIGHTS

If We contest a claim or a portion of a claim, We will notify You or Your legal representative in writing that We have contested or denied the claim.

You have a right to appeal Our claims decision. You must file the appeal in writing with Our office within 3 years of when You filed the claim in question. Include the reason for the appeal and any pertinent documents.

We will send You a written acknowledgement of Your appeal. If We need no additional information, the acknowledgement will include an explanation of the denial. If We require additional information, We will explain what We need. If We do not receive the requested information within 21 Days, We will notify You in writing.

Within 60 Days of the receipt of required information, We will notify You in writing of the outcome of the reconsideration of Your claim and the portion of the contested claim that We will pay or deny.

PHYSICAL EXAMINATION

We, at Our expense, can have You examined as often as reasonably needed while a claim is pending.

LATE PAYMENTS

If We do not pay Benefits to You or Your Named Payee on time, We will pay interest on any late claim payments in accordance with the state or federal laws then in effect.

TIME LIMIT FOR LEGAL ACTION

You may not begin legal action against Us to recover Benefits under this Policy until at least 60 Days has passed since You submitted Your claim to Us. No such action may be brought more than 3 years after You submitted the claim.

RECOVERY OF OVERPAYMENT

If an error in processing a claim results in an overpayment, We will explain the overpayment to You. You must return the amount of overpayment within 60 Days of Our request. We will deduct from future claim payments any overpayment that You do not return to Us within 60 Days of Our request.

PART 5: LIMITATIONS OR EXCLUSIONS

EXCLUDED SERVICES

We will not cover expenses for the following under this Policy:

1. Substance abuse treatment for alcohol or drug addiction.
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self-inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by state or federal law.
5. Services provided by Your Immediate Family, except for Caregiver Training Benefits included in the Benefits section of this Policy.
6. Services for which no charge is normally made in the absence of insurance.
7. Expenses for medications, whether prescription or non-prescription.

The exclusion regarding Your Immediate Family will not apply to:

1. the Monthly Cash Benefit Rider; or
2. an Immediate Family member who is a Licensed Healthcare Practitioner and employed by a Home Health Care Agency.

We will provide coverage in accordance with the terms of this Policy for mental conditions, including Alzheimer's disease, Parkinson's disease, and senile dementia.

NON-DUPLICATION

We will not pay Benefits for services or expenses to the extent that they are reimbursable under Medicare or under any other federal, state, or other governmental health care plan or law (except Medicaid).

This exclusion also applies to services or expenses that would be reimbursable by Medicare but have been applied to a deductible or coinsurance amount.

PART 6: CONTINGENT NON-FORFEITURE BENEFITS

If You have NOT selected the Non-forfeiture Shortened Benefit Period Rider, the following Contingent Non-forfeiture provisions apply. These provisions change the coverage to provide options in the event this Policy Terminates due to non-payment of premium after a Substantial Premium Increase. The coverage will continue on a limited basis if this option is put into effect. The Maximum Daily Benefit Amounts available will be the same amounts available for all care and services qualifying for Benefits under the terms of the Policy, up to the limits specified in the Policy at the time the Policy would have Terminated. If You have an Inflation Rider of any kind in force, the Benefits available will NOT continue to increase.

A Substantial Premium Increase is one that results in a cumulative increase to the Total Annualized Premium that is equal to or exceeds a certain percentage of the original premium. It does not include premium increases that result from a voluntary purchase of additional coverage. The limits of cumulative increase as a percentage of the annual premium are based on Your age as of the Original Policy Effective Date shown in Your Schedule of Policy Benefits. The following table shows the cumulative increase that will trigger the Contingent Non-Forfeiture provision.

*This section shall apply only when premiums are payable. Rights under Contingent Non-forfeiture provisions are not available when current and future premiums are neither due nor owing.

SUBSTANTIAL PREMIUM INCREASE TABLE

POLICY ISSUE AGE	PERCENT OF INCREASE	POLICY ISSUE AGE	PERCENT OF INCREASE
Less than 30	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
40-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

A. Contingent Non-forfeiture Benefit Option: We will notify You of any Substantial Premium Increase 45 Days prior to the change of Your premium. The notice will include the amount of the premium, its due date, and the following contingency options in the event of lapse:

1. Alternative Benefit options at a lower premium
2. A lesser Current Maximum Lifetime Benefit with no further premium required. You will have 120 Days following the premium due date to elect this option. Under this option, the same Daily Maximum Nursing Home Benefit amount in effect at the time of lapse will be payable, but the Current Maximum Lifetime Benefit will be equal to the greater of items a) or b) below.
 - a. The total amount of premiums paid for Your Policy
 - b. 30 times Your Daily Maximum Nursing Home Benefit

The total of all Benefits paid under Your Policy will not exceed the Current Maximum Lifetime Benefit that would have been payable if Your Policy did not lapse.

Option 2 will automatically take effect if all of the following apply.

1. Your Policy lapses within 120 Days of the premium due date for the Substantially Increased Premium; and
2. You have not made an election.

B. Reduced "Paid Up" Contingent Non-forfeiture Benefits Option: In addition to the Contingent Non-forfeiture Benefits Option (A) described above, the following Reduced "Paid Up" Contingent Non-forfeiture Benefits are an option if You have chosen the 10 Pay or, 20 Pay premium payment option, even if You selected the Non-forfeiture Shortened Benefit Period option when You purchased Your Policy. You are eligible for Reduced "Paid Up" Contingent Non-forfeiture Benefits without the requirements of additional underwriting when You meet all three conditions shown below:

1. The premium You are required to pay after the Substantial Premium Increase exceeds Your original Total Annualized Premium by at least the percentage shown in the chart below:

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying premiums within 120 Days of when the Substantial Premium Increase took effect; **AND**
3. The ratio of the number of months You already paid premiums to the number of months You originally agreed to pay premiums is at least 40%.

If You exercise this option, We will convert Your coverage to Reduced "Paid Up" status. That means We will require no additional premiums. Your Benefits will change in the following ways:

1. The Reduced "Paid Up" Contingent Non-forfeiture Benefits can be determined by multiplying 90% of the Maximum Lifetime Benefit amount at the time the policy becomes paid up by the ratio of the number of months You already paid premiums to the number of months You agreed to pay them.
2. The Daily Benefit Amounts You purchased will be adjusted by the same ratio.

If both the Contingent Non-forfeiture Benefits (A) and the Reduced "Paid Up" Contingent Non-forfeiture Benefits (B) are triggered by the same Substantial Premium Increase, You can choose either of the two options. If You have not made an election, the Reduced "Paid Up" option (B) will take effect if sufficient premium has been paid to make it available.



FACILITIES ONLY

Thank You for selecting MedAmerica Insurance Company as Your long term care insurer. We are pleased to provide You with this Policy. Your coverage, if the first premium is paid as stated herein, begins at 12:01 a.m. Standard time at Your Home on the Effective Date of this Policy. It ends on 12:01 a.m. Standard time at Your Home on the Termination Date of this Policy.

PLEASE READ THIS POLICY CAREFULLY.

This Policy is intended to be a qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Notice to Buyer: This Policy may not cover all the costs associated with long term care incurred during the period of coverage. The buyer is advised to review carefully all Policy limitations.

DISCLAIMER: THIS POLICY IS NOT DISABILITY INSURANCE OR ANY OTHER TYPE OF INCOME REPLACEMENT COVERAGE. Benefits under this Policy do not replace income or provide payment in the event of illness or accident resulting in disabilities not meeting the definition of Benefit Eligibility as contained herein.

THIS POLICY IS GUARANTEED RENEWABLE: This Policy will continue for Your lifetime as long as You do not exhaust the Maximum Lifetime Benefit and You pay the premiums within the allowable time. We cannot change the provisions of this Policy without Your consent. We can change Your premium with 45 Days written notice, but only if We change the premiums for all similar Policies issued in Your state on this Policy form. You cannot be singled out for any increase because of a change in Your age or health.

NOTE: With the exception of the statement that We cannot change the provisions of this Policy without Your consent, the above paragraph does not apply to Policies on which premiums are no longer payable.

RIGHT TO EXAMINE POLICY: If You feel this Policy does not meet Your needs, You may return it to Your producer or Us within 30 Days. If You do so: (1) We will return the premium You paid; and (2) We will not provide any Benefits under this Policy.

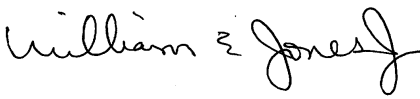
CAUTION: The issuance of this long term care Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the above mailing address.

You may reach the Arkansas Insurance Department at the following address: Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904 or call [1-501-371-2640 or 1-800-852-5494]

Failure To Cooperate: If You fail to cooperate with Us in proceeding against the party responsible for Your illness or injury to recover the Benefits We have paid, We will be entitled to be reimbursed for said Benefits from a settlement or judgment You receive from the responsible party.

This Policy is not a Medicare Supplement Policy: If You are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” available from Us.

This Policy is signed on Our behalf by Our President.

A handwritten signature in black ink that reads "William E. Jones, Jr." The signature is written in a cursive style with a large, stylized "J" at the end.

[
[William E. Jones, Jr]
[President]

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SCHEDULE OF POLICY BENEFITS

POLICY NUMBER: [FC-337-AR]

ORIGINAL POLICY EFFECTIVE DATE: MM/DD/YY

[POLICY CHANGE EFFECTIVE DATE: MM/DD/YY]

BILLING ACCOUNT #:

POLICYOWNER ISSUE AGE: [(18-85)]

PAYMENT MODE:

POLICYOWNER NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX

ADDRESS: Line 1

Line 2

Note: The Benefits shown on this Schedule of Policy Benefits page are those that You elected and which became effective on the Effective Date of this Policy. The Benefit amounts shown are before any increases resulting from an Inflation Option, if applicable.

BASE BENEFITS AND PREMIUM INFORMATION

MAXIMUM LIFETIME BENEFIT	[\$ 999,999]
ELIMINATION PERIOD	[20,30,60,90,100,180,365 Days]
MAXIMUM DAILY BENEFIT	[\$ 999 Per Day]
MAXIMUM NURSING HOME BENEFIT	[\$ 999 Per Day]
[MAXIMUM ASSISTED LIVING FACILITY BENEFIT]	[\$ 999 Per Day]
BASIC BENEFITS MODAL PREMIUM [Facilities Only]	[\$ 99,999.99]
PREMIUM PAYMENT OPTION: <input checked="" type="checkbox"/> <u>X</u> Lifetime: Premiums are payable as long as Your Policy is in force. <input checked="" type="checkbox"/> <u>X</u> 10 Pay: Premiums are payable until the 10 th Policy Anniversary Date. <input checked="" type="checkbox"/> <u>X</u> 20 Pay: Premiums are payable until the 20 th Policy Anniversary Date.	

[OPTIONAL RIDERS MODAL PREMIUM]		[\$ 99,999.99]
[INFLATION OPTION] [No Inflation, Benefits Remain Level]; [5% Simple Inflation – No Maximum Rider]; [3% Simple Inflation – No Maximum Rider]; [5% Simple Inflation – 2X Maximum Increase Rider]; [3% Simple Inflation – 2X Maximum Increase Rider]; [5% Compound Inflation – No Maximum Rider]; [3% Compound Inflation – No Maximum Rider]; [5% Compound Inflation -- 2X Maximum Rider]; [3% Compound Inflation -- 2X Maximum Rider]; [Combination Benefit Increase Rider]; [Guaranteed Purchase Option Rider]; [Daily Benefit Increase Rider]	[\$ 99,999.99]	
[RESTORATION OF BENEFITS RIDER]	[x]	
[RETURN OF PREMIUM UPON DEATH RIDER]	[x]	
[GRADED RETURN OF PREMIUM UPON DEATH RIDER]	[x]	
[NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER]	[x]	
[EXTENDED BENEFIT RIDER] [EXTENDED BENEFIT AMOUNT]	[x] [730 Days] [1095 Days]	
[SHARED WAIVER RIDER]	[x]	
[SURVIVOR BENEFIT RIDER]	[x]	
[SHARED EXTENDED BENEFIT RIDER] [SHARED EXTENDED BENEFIT AMOUNT]	[x] [Days]	
TOTAL MODAL PREMIUM INCLUDING OPTIONAL RIDERS AND DISCOUNTS		[\$ 99,999.99]
TOTAL ANNUALIZED PREMIUM INCLUDING OPTIONAL RIDERS AND DISCOUNTS		[\$ 99,999.99]

DEFINITIONS

This section informs You of some of the special words and phrases used in this Policy. Other words and phrases may be defined in other sections of the Policy. The first letter of each word or words in a phrase is capitalized to help You easily recognize defined terms wherever they appear in the Policy.

ACTIVITIES OF DAILY LIVING (ADL)

Each of the following is an Activity of Daily Living:

Bathing: This means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: This means the ability to maintain control of bowel or bladder functions; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: This means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: This means the ability to feed Yourself by getting food into Your body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously.

Toileting: This means the ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: This means the ability to move into or out of a bed, chair, or wheelchair.

ASSESSMENT

An Assessment is an evaluation of Your ability to perform Activities of Daily Living and Your cognitive condition to certify whether You are Chronically Ill. A Licensed Health Care Practitioner using recognized and accepted, objective standards of measurement must perform the Assessment. The Assessment must be made at the time You wish to establish Benefit Eligibility.

ASSISTED LIVING FACILITY

Means a facility that is engaged primarily in providing ongoing care and related services and which charges a fee to provide inpatient care for You when You are not in need of the level of care provided in a hospital or Nursing Home but are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired.

1. Such facility must be licensed, certified or registered to provide such care if required by the jurisdiction in which it is operating; or
2. If licensure or certification is not required, such facility must:
 - a. provide Maintenance or Personal Care Services by on-site facility staff and 3 meals a Day, including special diets; and
 - b. have procedures in place establishing appropriate protocol for medication management and the handling and administration of drugs and biologicals; and
 - c. provide an emergency call system and on-site facility staff who are aware of the whereabouts of residents at all times and are ready and able to respond to and meet both scheduled and unpredictable needs of residents 24 hours per Day, including supervision of safety and security; and
 - d. have a central dining room, living room or parlor, and common activity areas; and
 - e. have a Registered Nurse on-site or on contract to provide nursing services specified in the Plan of Care.

Regardless of name, any facility meeting the above requirements will qualify as an Assisted Living Facility. As an example, this could include adult foster care facilities, congregate care facilities, basic care facilities, residential care facilities, family and group assisted living facilities, personal care boarding homes, domiciliary care homes and personal care homes.

An Assisted Living Facility is not a Nursing Home, hospital, or rehabilitation hospital, although it may be a separate and distinct wing or section of such an institution, if such wing or section, including Your assigned bed, is appropriately licensed, certified, or registered to provide the level of care defined above. An Assisted Living Facility is also not an independent living apartment, group home, or similar congregate living setting designed primarily for independent living.

BENEFICIARY

A Beneficiary is a person or entity named by You to receive any premiums that may be due in the event of Your death.

BENEFITS

Benefits are the payments this Policy pays. They are described in the Schedule of Policy Benefits and any Riders attached to this Policy.

BENEFIT ELIGIBLE or BENEFIT ELIGIBILITY

To be Benefit Eligible or achieve Benefit Eligibility under this Policy, all of the following conditions must be met.

1. We have verified You are Chronically Ill;
2. You have a Plan of Care; and
3. Your Elimination Period has been met. (Does not apply to Benefits that do not require meeting the Elimination Period.)

Your Benefits are payable if:

1. You are Benefit Eligible* ; and
2. You reside in a Nursing Home or an Assisted Living Facility; or
3. You receive care under a Hospice Care Program in a Facility.

* If You are receiving care under a Hospice Care Program, Benefit Eligibility does not require You to satisfy Your Elimination Period for payments to be made.

CARE DIRECTIONS FAMILY ADVICE AND ADVOCACY PROGRAM®

The Care Directions Family Advice and Advocacy Program® is an added Benefit offered to You and Your Family. The program is staffed by Personal Care Advisors, who are health care professionals chosen by Us, and whose profession and training include experience or expertise in managing and arranging for long term care services. Where required, Our Personal Care Advisor will be licensed and acting within the scope of that license.

CHRONICALLY ILL or CHRONIC ILLNESS

Chronically Ill means that, as the result of an Assessment, You have been certified by a Licensed Health Care Practitioner as having a Chronic Illness or disability that causes You to:

1. Require Substantial Assistance with at least two Activities of Daily Living that is expected to last at least 90 Days, or
2. Have a Severe Cognitive Impairment that requires Substantial Supervision.

CURRENT MAXIMUM LIFETIME BENEFIT	The total amount available for Benefit payments under Your Policy as established on Your most recent Policy Anniversary Date minus claims paid or payable since that date.
DAY or CALENDAR DAY	A Day begins at 12:01 a.m. Standard time at Your Home and ends at 12:00 p.m. Standard time at Your Home.
DOMESTIC PARTNER	Domestic Partners are persons at least 18 years of age, of the same or opposite sex in an exclusive and committed relationship. They must have lived together for at least 12 months in a common household and have an exclusive mutual commitment, including financial interdependence, similar to that of marriage.
ELIMINATION PERIOD	<p>The Elimination Period is the number of Calendar Days You must wait before You will receive Benefits. Your Elimination Period begins the earliest of the date We have verified You are Chronically Ill and have a Plan of Care or the date You contact Us to establish Benefit Eligibility.</p> <p>The Elimination Period will end after the number of Days chosen by You and shown on Your Schedule of Policy Benefits has elapsed.</p> <p>Benefits are not payable during the Elimination Period except where the Policy so states. Days in an Elimination Period are combined, and do not need to be consecutive. You need to meet Your Policy's Elimination Period only once.</p> <p>Hospice Services are not subject to, nor will they satisfy, the Elimination Period.</p>
HOME	Means the place where You normally reside other than a Nursing Home, Assisted Living Facility, rehabilitation hospital, hospital, or other acute care facility.
HOSPICE CARE PROGRAM	<p>Means a state or federally licensed, accredited or certified program that provides a program of care designed to provide palliative care with the philosophy of alleviating Your physical, emotional, and spiritual discomforts if You:</p> <ol style="list-style-type: none"> 1. Are in the last phases of life due to a terminal disease; and 2. Have a physician-certified prognosis of less than 6 months to live. <p>The program must be administered by an interdisciplinary team that consists of a physician, a registered nurse, clergy or counselors, trained volunteers and other appropriate staff having expertise in meeting the needs of terminal patients.</p> <p>Hospice Care Program services must be provided in a facility.</p>
IMMEDIATE FAMILY	Means Your Spouse/Domestic Partner and anyone who is related to You or Your Spouse/Domestic Partner (including adopted, in-law, and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew, or niece, and any of their spouses.

LICENSED HEALTH CARE PRACTITIONER	A Licensed Health Care Practitioner means any of the following: a physician (as defined in Section 1861(r)(1) of the Social Security Act); a registered professional nurse; a licensed social worker; or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.
MAINTENANCE OR PERSONAL CARE SERVICES	Any care for which the primary purpose is to assist You with the Chronic Illness that caused You to meet the conditions set forth in the Benefit Eligibility section of this Policy.
MAXIMUM DAILY BENEFIT AMOUNT	The maximum amount We will pay for all charges You incur on any one Day as shown in Your Schedule of Policy Benefits. If an Inflation Option is chosen, this amount will increase per the terms of the rider on your Policy Anniversary Date.
MAXIMUM LIFETIME BENEFIT	The total amount of Benefits payable under this Policy for care and services as shown on Your Schedule of Policy Benefits. Your original Maximum Lifetime Benefit is determined by Your selection of a Maximum Daily Benefit Amount multiplied by the number of benefit days You select. We will deduct from this amount all Benefits We pay for all covered services provided under this Policy. If an Inflation Option is chosen, this amount will increase per the terms of the rider on your Policy Anniversary Date.
MEDICARE	The Health Insurance for Aged Act, Title XVIII of the Social Security Act Amendments of 1965, as Constituted and Later Amended.
NURSING HOME	<p>Means a facility, or that part of a facility, which:</p> <ol style="list-style-type: none"> 1. is licensed by the state in which it is located as a Nursing Home or an Alzheimer's disease facility if licensure is required by the jurisdiction in which it is located; and 2. is engaged in providing, in addition to room and board accommodations, 24-hour nursing services 7 Days a week by an on-site registered nurse and related services on a continuing inpatient basis; and 3. has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and maintains a clinical record of each patient. <p>A Nursing Home may be either a freestanding facility or a distinct part of a facility such as a ward, wing, unit, or swing bed of a hospital or other institution. If the facility complex to which You are confined consists of wards, wings, floors, units, or swing-beds, the area of the facility in which such You are confined must be licensed as a Nursing Home if licensure is required by the jurisdiction in which it is located and Your assigned bed must be included.</p>

The term "Nursing Home" does not include:

1. a hospital (except as provided above);
2. a rehabilitation hospital;
3. a place which is primarily for treatment of mental or nervous disorders (except Alzheimer's disease), drug addiction, or alcoholism;
4. a home for the aged;
5. a rest home, community living center, or a place that provides domestic, resident, retirement or educational care;
6. an Assisted Living Facility;
7. personal care homes;
8. residential care facilities;
9. adult foster care facilities;
10. congregate care facilities;
11. domiciliary care homes;
12. basic care facilities; or
13. similar facilities.

PERSONAL CARE ADVISOR

This is a health care professional chosen by Us whose profession and training includes experience or expertise in managing and arranging for long term care services. Where required, he or she must be licensed and acting within the scope of that license. These services are optional and are provided at no cost to You.

PLAN OF CARE

This is a written, individualized plan for care and support services for You that:

1. Has been prescribed by a Licensed Health Care Practitioner; and
2. Has been developed as a result of an Assessment and incorporates any information provided by Your personal physician; and
3. Fairly, accurately and appropriately addresses Your long term care and support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the providers appropriate to furnish those services.

A Plan of Care is completed at the same time the Assessment is performed.

POLICY

This is a legal agreement between You and Us. It includes this document, Your application, and any attached riders or endorsements.

POLICY ANNIVERSARY DATE

This is the date each year that coincides with the date this Policy went into effect. The first Policy Anniversary Date will be one year from the date the Policy went into effect.

QUALIFIED LONG-TERM CARE SERVICES

These are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, as well as Maintenance or Personal Care Services, which;

1. are required by a person who is Benefit Eligible as described in this Policy and
2. are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

SEVERE COGNITIVE IMPAIRMENT	Means a deterioration or irreversible loss in intellectual capacity that requires Substantial Supervision to assure the safety of Yourself and others. The deterioration or loss is established by clinical evidence and standardized tests that reliably measure: short-term or long-term memory; orientation as to people, place, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.
SPOUSE	A Spouse is the person to whom You are married. The marriage must be recognized as legal in accordance with the laws of the state in which this Policy is sold.
SUBSTANTIAL ASSISTANCE	There are two types of Substantial Assistance: <ol style="list-style-type: none"> 1. <i>Hands-on Assistance:</i> The physical assistance of another person without which You could not perform an Activity of Daily Living, or 2. <i>Stand-by Assistance:</i> The presence of another person within arm's reach necessary to prevent, by physical intervention, injury to You while You are performing an Activity of Daily Living.
SUBSTANTIAL SUPERVISION	This is continuous oversight that may include receiving cues through verbal prompting, gestures, or other demonstrations by another person, that is necessary to protect You from threats to Your health or safety.
WE, US, OUR	These refer to MedAmerica Insurance Company when used in this Policy.
YOU, YOUR, YOURSELF	This refers to the Policyowner under this Policy whose name appears in the Schedule of Policy Benefits.

PART 1: BENEFITS

YOUR POLICY BENEFITS

NURSING HOME BENEFIT

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Nursing Home while You are a resident.

ASSISTED LIVING FACILITY BENEFIT

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Assisted Living Facility Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided in an Assisted Living Facility.

ADDITIONAL POLICY FEATURES AND BENEFITS

HOSPICE SERVICES

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for charges incurred each Day You receive services from a Hospice Program in a facility.

Benefits for Hospice Services are not subject to, nor will they satisfy, the Elimination Period.

We will not pay for more than 180 Days of Hospice Services.

PERSONAL CARE ADVISOR

CARE DIRECTIONS FAMILY ADVICE AND ADVOCACY PROGRAM®

The value of Your Policy goes beyond covering the cost of services. We can provide You with advice on accessing and tailoring Your coverage to meet Your particular needs before or while You are Benefit Eligible. You may use the services of Our Care Directions Family Advice and Advocacy Program® at any time. These services are optional and are provided at no cost to You. Our Personal Care Advisors are professionals who can help You and/or Your family members plan for Your care. From assisting in developing a written Plan of Care when You establish Your claim to monitoring Your needs on an ongoing basis, Care Directions® Personal Care Advisors will provide You with their support.

In addition to helping with the planning and monitoring of Your care, Our Personal Care Advisors can also help You locate long term care services. We do not guarantee the services of any particular provider, nor the quality of care You may receive, but We will work with You and/or Your family to find the type of care You choose.

Services provided under the Care Directions Family Advice and Advocacy Program® are not subject to the Elimination Period. Using them will not reduce Your Maximum Lifetime Benefit.

BED RESERVATION

If You are absent for any reason except discharge during confinement in a Nursing Home or Assisted Living Facility, We will provide Daily Benefits up to 30 Days per calendar year at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit or Maximum Assisted Living Facility Benefit as applicable.

Your Benefit will be one of the following:

1. If the absence occurs after You have met the Elimination Period, We will pay charges incurred up to the Maximum Daily Benefit for room and board while You are reserving a room during each Day of Your absence.
2. If the absence occurs while You are satisfying the Elimination Period, We will give You credit toward Your Elimination Period for each Day You incur room and board charges to hold the room.

You cannot carry over unused Benefits into the next calendar year.

WORLDWIDE COVERAGE

This Policy covers Qualified Long-Term Care Services provided to You anywhere in the world by Licensed Healthcare Practitioners certified by applicable governmental bodies where required.

OTHER GOODS AND SERVICES

We may offer or provide certain goods and services in addition to insurance coverage. We may also arrange for third party vendors to provide goods and services at a discount including without limitation, financial counseling services for You and Your Beneficiary, as well as caregiver support services. Though We may make the arrangements, the third party vendors are solely liable for providing the goods and services. We shall not be responsible for providing or failing to provide the goods and services. Further, We shall not be liable for the negligent provision of the goods and services by third party vendors.

PART 2: GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES

This Policy document, Your Application, any Riders and any attached papers establish the entire contract of insurance between You and Us. Any change must be approved by one of Our officers and mutually agreed to by You. We must also endorse or attach any change to this Policy. No insurance producer has the authority to change this Policy or to waive any of its provisions.

YOUR BENEFITS

This Section is modified if You have elected the Shared Waiver and/or Shared Extended Benefit Riders. Please see Your Shared Waiver and/or Shared Extended Benefit Rider for details of Your coverage under those Riders.

With the exception of a named payee or Your estate, only You are eligible for Benefit payments other than returned premiums under this Policy.

EFFECTIVE DATE

This is when Policy coverage begins.

This Policy begins on the Effective Date shown in the Schedule of Policy Benefits. All coverage periods begin on that date at 12:01 a.m. Standard time at Your Home.

TERMINATION

This is when Policy coverage ends.

This Policy ends and Benefits will not be available on the Day after the date one of the following occurs:

1. Your coverage lapses due to nonpayment of premium (subject to the Grace Period); or
2. You exhaust Your Maximum Lifetime Benefit; or
3. You elect to cancel this Policy; or
4. You die.

All coverage periods end on that date at 12:01 a.m. Standard time at Your Home.

EXTENSION OF BENEFITS

This Section is modified if You have elected the Shared Waiver and/or Shared Extended Benefit Riders. Please see Your Shared Waiver and/or Shared Extended Benefit Rider for details of Your coverage under those Riders.

If You are Benefit Eligible on the date this Policy is cancelled, We will continue to pay applicable Benefits without interruption until the first of the following dates:

1. You are no longer Benefit Eligible under this Policy; or
2. Your Current Maximum Lifetime Benefit is exhausted.

We will not pay more than You would have been entitled to receive if the Policy had not Terminated.

INCONTESTABLE PERIOD

We may rescind this Policy or deny a claim during the first 6 months of the Policy if We can show You made a misrepresentation that was material to Our acceptance of Your Application.

After 6 months but before 2 years from Your Effective Date, We may rescind this Policy or deny a claim if We show that You made a misrepresentation that was both material to Our acceptance of Your Application and pertained to the condition for which Benefits are sought.

After 2 years from Your Effective Date, We may rescind this Policy or deny a claim only if We show that You knowingly and intentionally misrepresented relevant facts relating to Your health or due to non-payment of premiums.

These provisions also apply if You provide additional evidence of insurability to purchase additional coverage after the Original Policy Effective Date.

CLERICAL ERROR

Clerical error, whether made by You or Us, will not void Your insurance if the insurance would otherwise have been in effect. Neither will it extend the insurance if the insurance would otherwise have ended or been reduced as provided in this Policy.

MISSTATEMENT OF FACT

If You made any misstatement of fact on Your Application regarding Your age, eligibility for coverage or Your Spouse/Domestic Partner status, We will change the premium for this Policy retroactively to the Original Policy Effective Date to correspond to:

1. Your correct age;
2. Your correct eligibility category; and/or
3. Your actual Spouse/Domestic Partner status.

Our liability will be limited to a refund of the premiums paid for this Policy if:

1. We would have declined Your application if Your age was not misstated; or
2. We would have required You to provide additional evidence of insurability.

NON-PARTICIPATING

This Policy does not participate in Our profits or surplus earnings.

TAX STATUS OF PREMIUMS AND BENEFITS

This Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The Benefits under this Policy are paid without regard to the type and amount of expenses You may have. Generally, if the Benefits paid under a Policy exceed the per diem limit as prescribed in law, they could be considered taxable income. You should consult Your tax advisor with respect to the potential tax implications of ownership of this Policy.

COMMUNICATION THROUGH ELECTRONIC MEANS

We reserve the right to designate the form and means of all communications or notices required by this Policy.

If We agree, You may contact Us about Your Policy using electronic means or technologies.

If You agree, We may contact You regarding this Policy using electronic means or technologies.

Except where barred by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity, and enforceability.

CONFORMITY WITH FEDERAL AND STATE STATUTES

If on the Original Policy Effective Date, any part conflicts with federal statutes or statutes in the state where You live, this Policy is hereby amended to conform to the minimum requirement of such statutes.

If We need to make changes in order to maintain the tax-qualified status of this Policy, We will provide You with the opportunity to accept or reject the necessary amendments to this Policy.

SUBROGATION

If You become eligible for Benefits under this Policy as the result of injury or illness for which another party may be responsible, and We pay Benefits to You as the result of that injury or illness, We reserve the right to pursue recovery from such third party, whether by judgment, settlement or otherwise, to the extent of the total amount of Benefits paid to You under this Policy, less reasonable and necessary expenditures, including attorneys' fees, incurred in effecting such recovery. Our right to proceed against the third party is independent of any right of action You may have.

PART 3: PREMIUM

PREMIUM AMOUNT

The initial premium is shown in Your Schedule of Policy Benefits. It will remain the same unless You change the coverage or We change the premium. If We change the premium, We will notify You at least 45 Days in advance. We will make no change to the premium amount unless We change the premium rates for all Policies like Yours that We have issued in the state where this Policy was approved and, where applicable, Your State Department of Insurance has approved the increase.

The above does not apply if premiums are no longer payable.

PAYMENT

Premiums are due in advance of the due date.

GRACE PERIOD

We will grant an initial Grace Period of 31 Days for each premium that is unpaid on the date due. After the initial Grace Period of 31 Days elapses, We will send a notice to You explaining that You have missed a payment and that You risk a lapse in Your Policy coverage. If You have designated an individual to be notified in case of lapse, We will also send notice to the address provided for that designee. You will have an additional Grace Period of 35 Days that begins the date We mail the notice to pay the unpaid premium.

Payment will allow this Policy to continue in force without interruption. Failure to pay any unpaid premium by the end of the second Grace Period will result in the Termination of Your Policy as of the premium due date.

Lapse Designee: If You have designated an individual to be notified of lapse, We will provide You the opportunity, no less frequently than every 2 years, to change such designation.

The above provisions do not apply if premiums are no longer payable.

REINSTATEMENT

If this Policy lapses because You did not pay the premium within the Grace Period, You may request reinstatement with no break in coverage. If We honor this request, We will reinstate the Policy back to the Termination date. If We do not approve or disapprove the request within 45 Days of receipt of the request and a premium was accepted by Us or one of Our authorized representatives, We will reinstate the Policy as of the date the Policy Terminated.

The above does not apply if premiums are no longer payable.

EXTENDED REINSTATEMENT BENEFIT FOR SEVERE COGNITIVE IMPAIRMENT AND LOSS OF FUNCTIONAL CAPACITY

You may request reinstatement up to 5 months after Termination if You did not pay the premium due to a condition that would qualify You for Benefits. Your condition is subject to verification. We will require an Assessment before deciding on reinstatement. If reinstated, You must pay the premium retroactively to the date the Policy Terminated.

The above does not apply if premiums are no longer payable.

UNEARNED PREMIUM

When We are notified of Your death or the cancellation of this Policy, We will refund any unearned premium paid for the period beyond such notification. We will refund all premiums paid for the period beyond Your death to Your Beneficiary. In the absence of a named Beneficiary, We will refund unearned premium to Your estate.

In the event of the cancellation of this Policy, We will refund premiums paid for the period beyond such cancellation to You.

The above does not apply if premiums are no longer payable.

RIGHT TO REDUCE COVERAGE AND LOWER PREMIUMS

You may, at any time, ask for a decrease in Your coverage. You must make Your request for a decrease in coverage in writing. We will base Your reduced premium on Your age as of Your Original Policy Effective Date.

We will provide written notice to You, during Your Grace Period, of Your option to reduce coverage to lower Your premium. We will not lower Your coverage below the state minimum.

WAIVER OF PREMIUMS

This Section is modified if You have elected the Shared Waiver and/or Survivor Benefit. Please see these Riders for details of Your coverage under the Riders.

We will waive Your premium payments on a monthly basis starting on the first Day We pay for Nursing Home, Assisted Living Facility or Hospice Services.

The above does not apply if premiums are no longer payable.

PART 4: ELIGIBILITY FOR PAYMENT OF BENEFITS

ESTABLISHING BENEFIT ELIGIBILITY

You should contact Us to start the process of establishing Benefit Eligibility. If You think You might be Chronically Ill, please call Our Customer Service Department at [1-800-544-0327].

We will work with You, Your family and Your physician to arrange the Assessment and obtain any other needed information about Your condition. This information will be gathered by Us or one of Our representatives at no cost to You.

You will also need a Plan of Care. The Plan of Care is updated as Your needs change. You may use the services of Our Personal Care Advisors. These services are provided at no cost to You. We will review Your Assessment to verify You are Chronically Ill. You may contact Us with any questions regarding Our decision.

To continue Benefit Eligibility, We must verify You are Chronically Ill and receive an updated Plan of Care at least every 12 months.

NOTICE OF CLAIM

You must provide written notice of claim to Us within 60 Days after the date Your Chronic Illness starts, or as soon thereafter as is reasonably possible. You should include in Your notice at least Your name, Your Billing Account Number, and the address to which We should sent the claim form. Send notice to Us at:

MedAmerica Insurance Company
[Administrative Offices:]
[165 Court Street]
[Rochester, NY 14647]

HOW TO FILE A CLAIM

CLAIM FORMS: We will send claim forms to You upon receipt of a written notice of claim.

If We do not send such forms within 15 Days after receiving notice, We will deem You to have met the timeliness of claim filing requirements if You have submitted a letter describing the occurrence, the character and the extent of Your Chronic Illness within the time fixed in this Policy for filing Proof Of Loss.

At a minimum, the description should include Your name and address, Your Billing Account Number, the type of Benefits You are claiming, the names and addresses of Your physicians, the services You required, Your diagnosis, and the periods for which You are claiming Benefits.

WHEN TO FILE A CLAIM

PROOF OF LOSS: We must receive written Proof Of Loss within 90 Days after the end of each month for which We may pay Benefits. Failure to furnish proof within the time required neither invalidates nor reduces any claim if You were not reasonably able to give proof within such time, provided You furnish such proof as soon as reasonably possible and no later than 1 year from the time proof is otherwise required unless You are legally incapacitated.

CONDITIONS FOR RECEIVING CLAIM PAYMENT

If You are Benefit Eligible, We will pay Benefits subject to the terms, limitations and Exclusions described in this Policy. The following conditions also apply:

1. Your Policy must be in force when the care is approved and received; and
2. You have completed the Elimination Period, if it applies; and
3. The service is covered under this Policy; and
4. The service is included in the Plan of Care developed for You; and
5. You have not exhausted the Maximum Lifetime Benefit amount shown in Your Schedule of Policy Benefits.

PAYMENT OF CLAIMS: We will pay all Benefits to You, Your Power of Attorney or to the approved provider upon Your request. You may request in writing no later than the time proof of loss is filed that We make payment to the approved provider. We will pay any unpaid Benefits at Your death to Your estate.

HOW AND WHEN CLAIMS ARE PAID

TIME OF PAYMENT OF CLAIM: Upon receipt of the proper written proof of loss, We will pay any Benefits due:

1. monthly, when the loss is expected to result in ongoing Benefits and
2. promptly, when Our liability has ended.

We will make such payment within 30 Days after receiving the proper written Proof of Loss.

If We contest a claim or a portion of a claim, We will notify You or Your assignee in writing that We have contested or denied the claim within 30 Days after We have received Your claim.

The notice that the claim is contested will identify the contested portion of the claim and the reasons for contesting the claim.

Upon receiving any additional information requested by Us, We will pay or deny

the contested claim or portion thereof within 30 Days.

WHEN YOU HAVE CLAIM QUESTIONS

If You would like an explanation of Our claim payment, please call, write or visit Us.

YOUR APPEAL RIGHTS

If We contest a claim or a portion of a claim, We will notify You or Your legal representative in writing that We have contested or denied the claim.

You have a right to appeal Our claims decision. You must file the appeal in writing with Our office within 3 years of when You filed the claim in question. Include the reason for the appeal and any pertinent documents.

We will send You a written acknowledgement of Your appeal. If We need no additional information, the acknowledgement will include an explanation of the denial. If We require additional information, We will explain what We need. If We do not receive the requested information within 21 Days, We will notify You in writing.

Within 60 Days of the receipt of required information, We will notify You in writing of the outcome of the reconsideration of Your claim and the portion of the contested claim that We will pay or deny.

PHYSICAL EXAMINATION

We, at Our expense, can have You examined as often as reasonably needed while a claim is pending.

LATE PAYMENTS

If We do not pay Benefits to You or Your Named Payee on time, We will pay interest on any late claim payments in accordance with the state or federal laws then in effect.

TIME LIMIT FOR LEGAL ACTION

You may not begin legal action against Us to recover Benefits under this Policy until at least 60 Days has passed since You submitted Your claim to Us. No such action may be brought more than 3 years after You submitted the claim.

RECOVERY OF OVERPAYMENT

If an error in processing a claim results in an overpayment, We will explain the overpayment to You. You must return the amount of overpayment within 60 Days of Our request. We will deduct from future claim payments any overpayment that You do not return to Us within 60 Days of Our request.

PART 5: LIMITATIONS OR EXCLUSIONS

EXCLUDED SERVICES

We will not cover expenses for the following under this Policy:

1. Substance abuse treatment for alcohol or drug addiction.
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self-inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by state or federal law.
5. Services provided by Your Immediate Family.
6. Services for which no charge is normally made in the absence of insurance.
7. Expenses for medications, whether prescription or non-prescription.

We will provide coverage in accordance with the terms of this Policy for mental conditions, including Alzheimer's disease, Parkinson's disease, and senile dementia.

NON-DUPLICATION

We will not pay Benefits for services or expenses to the extent that they are reimbursable under Medicare or under any other federal, state, or other governmental health care plan or law (except Medicaid).

This exclusion also applies to services or expenses that would be reimbursable by Medicare but have been applied to a deductible or coinsurance amount.

PART 6: CONTINGENT NON-FORFEITURE BENEFITS

If You have NOT selected the Non-forfeiture Shortened Benefit Period Rider, the following Contingent Non-forfeiture provisions apply. These provisions change the coverage to provide options in the event this Policy Terminates due to non-payment of premium after a Substantial Premium Increase. The coverage will continue on a limited basis if this option is put into effect. The Maximum Daily Benefit Amounts available will be the same amounts available for all care and services qualifying for Benefits under the terms of the Policy, up to the limits specified in the Policy at the time the Policy would have Terminated. If You have an Inflation Rider of any kind in force, the Benefits available will NOT continue to increase.

A Substantial Premium Increase is one that results in a cumulative increase to the Total Annualized Premium that is equal to or exceeds a certain percentage of the original premium. It does not include premium increases that result from a voluntary purchase of additional coverage. The limits of cumulative increase as a percentage of the annual premium are based on Your age as of the Original Policy Effective Date shown in Your Schedule of Policy Benefits. The following table shows the cumulative increase that will trigger the Contingent Non-Forfeiture provision.

*This section shall apply only when premiums are payable. Rights under Contingent Non-forfeiture provisions are not available when current and future premiums are neither due nor owing.

SUBSTANTIAL PREMIUM INCREASE TABLE

POLICY ISSUE AGE	PERCENT OF INCREASE	POLICY ISSUE AGE	PERCENT OF INCREASE
Less than 30	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
40-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

A. Contingent Non-forfeiture Benefit Option: We will notify You of any Substantial Premium Increase 45 Days prior to the change of Your premium. The notice will include the amount of the premium, its due date, and the following contingency options in the event of lapse:

1. Alternative Benefit options at a lower premium
2. A lesser Current Maximum Lifetime Benefit with no further premium required. You will have 120 Days following the premium due date to elect this option. Under this option, the same Daily Maximum Nursing Home Benefit amount in effect at the time of lapse will be payable, but the Current Maximum Lifetime Benefit will be equal to the greater of items a) or b) below.
 - a. The total amount of premiums paid for Your Policy
 - b. 30 times Your Daily Maximum Nursing Home Benefit

The total of all Benefits paid under Your Policy will not exceed the Current Maximum Lifetime Benefit that would have been payable if Your Policy did not lapse.

Option 2 will automatically take effect if all of the following apply.

1. Your Policy lapses within 120 Days of the premium due date for the Substantially Increased Premium; and
2. You have not made an election.

B. Reduced "Paid Up" Contingent Non-forfeiture Benefit Option: In addition to the Contingent Non-forfeiture Benefits Option (A) described above, the following Reduced "Paid Up" Contingent Non-forfeiture Benefits are an option if You have chosen the 10 Pay or, 20 Pay premium payment option, even if You selected the Non-forfeiture Shortened Benefit Period option when You purchased Your Policy. You are eligible for Reduced "Paid Up" Contingent Non-forfeiture Benefits without the requirements of additional underwriting when You meet all three conditions shown below:

1. The premium You are required to pay after the Substantial Premium Increase exceeds Your original Total Annualized Premium by at least the percentage shown in the chart below:

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying premiums within 120 Days of when the Substantial Premium Increase took effect; **AND**
3. The ratio of the number of months You already paid premiums to the number of months You originally agreed to pay premiums is at least 40%.

If You exercise this option, We will convert Your coverage to Reduced "Paid Up" status. That means We will require no additional premiums. Your Benefits will change in the following ways:

1. The Reduced "Paid Up" Contingent Non-forfeiture Benefits can be determined by multiplying 90% of the Maximum Lifetime Benefit amount at the time the Policy becomes paid up by the ratio of the number of months You already paid premiums to the number of months You agreed to pay them.
2. The Daily Benefit Amounts You purchased will be adjusted by the same ratio.

If both the Contingent Non-forfeiture Benefits (A) and the Reduced "Paid Up" Contingent Non-forfeiture Benefits (B) are triggered by the same Substantial Premium Increase, You can choose either of the two options. If You have not made an election, the Reduced "Paid Up" option (B) will take effect if sufficient premium has been paid to make it available.

SHARED WAIVER RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Shared Waiver Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SHARED WAIVER RIDER

This Rider adds a Benefit to Your Policy that waives the premium for Your Spouse/Domestic Partner's Policy under the same conditions that Your premiums are waived. The following provision is added to the Waiver of Premiums section under Additional Policy Features and Benefits, Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. You and Your Spouse/Domestic Partner must have identical coverage.
2. We will waive Your Spouse/Domestic Partner's premiums if You become Benefit Eligible and if both Policies meet the following conditions:
 - a. The Policies must be effective at the same time or within 6 months of each other; and
 - b. The Policies must both be in force on the date You become Benefit Eligible; and
 - c. Each Policyholder must pay premium for at least two (2) years.
3. Benefits under the Shared Waiver Rider are subject to these rules:
 - a. The waivers for both Policies begin on the first Day after the date You become Benefit Eligible.
 - b. Your Spouse/Domestic Partner's waiver applies only to coverage in effect on the date You become Benefit Eligible.
 - c. Both Your waiver and Your Spouse/Domestic Partner's waiver end on the earliest of these dates:
 - i) The date You are no longer Benefit Eligible; or
 - ii) The date You exhaust Your Maximum Lifetime Benefit.
4. Premiums for both Policies will again become due on the first Day after You are no longer Benefit Eligible. However, no further premiums will be due for a Policy if neither You nor Your Spouse/Domestic Partner selected the Lifetime Premium Payment option and the Policy's premium payment period ends during the time premiums were waived.

TERMINATION

This Rider will terminate if any of the following events occur:

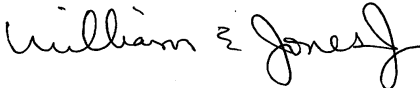
1. You or Your Spouse/Domestic Partner dies. This Rider will end as of the date of death.
2. You send a written request terminating this Rider. We will terminate Your Spouse/Domestic Partner's Rider as well, but both You and Your Spouse/Domestic Partner have the option to retain Your Policies.
3. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium. We will automatically cancel Your Spouse/Domestic Partner's Rider but Your Spouse/Domestic Partner can retain his or her Policy.
4. Your Spouse/Domestic Partner's Policy lapses. This Rider will end as of the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[

[William E. Jones, Jr]

[President]

EXTENDED BENEFIT RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Extended Benefit Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

EXTENDED BENEFIT RIDER

This Rider adds a Benefit to Your Policy after You have exhausted Your Maximum Lifetime Benefit. Your Maximum Lifetime Benefit will increase by the specified number of days You selected as shown in Your Schedule of Policy Benefits. The following provision is added to Policy Features and Benefits, Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. Your Extended Benefit is equal to the specified number of days You selected times the original Maximum Nursing Home Benefit as shown on Your Schedule of Policy Benefits.
2. Your Extended Benefit will become available to pay Benefits after You have exhausted Your Maximum Lifetime Benefit.
3. Your Extended Benefit will be paid out up to the original Maximum Daily Benefit Amounts less inflation increases, if any.

TERMINATION

This Rider will terminate if any of the following events occur:

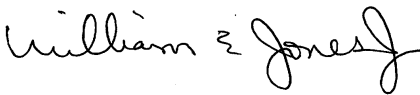
1. You send a written request terminating this Rider.
2. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.
3. When You have exhausted Your Extended Benefits.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[
[William E. Jones, Jr]
[President]

SHARED EXTENDED BENEFIT RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Shared Extended Benefit Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SHARED EXTENDED BENEFIT RIDER

This Rider adds a Benefit to Your Policy that permits Spouse/Domestic Partners to share the Benefits of the Shared Extended Benefit they selected in the event one or both exhausts his or her Maximum Lifetime Benefit. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Definition: The Shared Extended Benefit is the number of days, as listed in Your Schedule, that You and Your Spouse/Domestic Partner jointly share. By purchasing the Rider, You can use the Shared Extended Benefit under Your Policies by first using Your own **Lifetime Maximum** and then, with the consent of Your Spouse/Domestic Partner, using the Shared Extended Benefit.

1. You and Your Spouse/Domestic Partner must purchase this Rider at the same time and your Policies must be effective within 6 months of each other.
2. You and Your Spouse/Domestic Partner must maintain identical policies including the Shared Extended Benefit amount selected as shown on the Schedule of Policy Benefits.
3. In no case will the Benefits paid or payable under the policy, on behalf of one or both Spouse/Domestic Partners, exceed the Shared Extended Benefit amount.
4. If Your Policy and Your Spouse/Domestic Partner's Policy include an inflation Rider, the Shared Extended Benefit will increase in the same manner as Your Maximum Lifetime Benefit.
5. Your Maximum Daily Benefit Amount will automatically increase on each Policy Anniversary Date according to the Inflation Option You selected on Your Schedule of Policy Benefits. The first increase will take effect on the Policy Anniversary Date that follows Your Original Policy Effective Date as shown on Your Schedule of Policy Benefits. The increase will occur even if Benefits are being paid.

TERMINATION

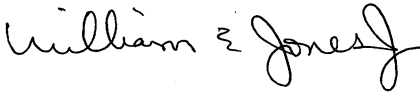
1. If Your Spouse/Domestic Partner dies while the Policy is in force, the days remaining of Shared Extended Benefit remain available to You. You must continue to pay Your portion of the Shared Extended Benefit rider premium to have this Shared Extended Benefit available to You.
2. Other than noted above, this Rider will terminate if Your Policy is no longer identical to Your Spouse/Domestic Partner's Policy.
3. This Rider will also terminate when the first of the following events occurs:
 - a. The Termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider).
 - b. Your Policy and Your Spouse/Domestic Partner's Policy both Terminate or when both Spouse/Domestic Partners die
 - c. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.
 - d. You fail to pay any premium for this Rider when due.
 - e. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." The signature is written in a cursive style with a large, stylized "J" at the end.

[
[William E. Jones, Jr]
[President]

SURVIVOR BENEFIT RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Survivor Benefit Rider.

This Rider is part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SURVIVOR BENEFIT RIDER

This Rider adds a Benefit to Your Policy that waives Your premiums in the event Your Spouse/Domestic Partner dies. The following provision is added to the Waiver of Premium section under Part 3: Premium in Your Policy.

TERMS OF RIDER

1. Both You and Your Spouse/Domestic Partner must have purchased and maintained this Rider.
2. MedAmerica will waive premiums for Your Policy in the event Your Spouse/Domestic Partner dies and the following conditions have been met:
 - a. Your Policy, Your Spouse/Domestic Partner's Policy, and this Rider must be in effect for at least 10 years; and
 - b. Your Policy, Your Spouse/Domestic Partner's Policy, and this Rider must be in force on the date of Your Spouse/Domestic Partner's death
3. The waiver applies only to premiums for coverage under Your Policy in effect on the date of Your Spouse/Domestic Partner's death.
4. If Your premium payment period ends during the time premiums are waived under this provision, no further premiums for Your Policy will be required.

TERMINATION

This Rider will Terminate if any of the following events occur:

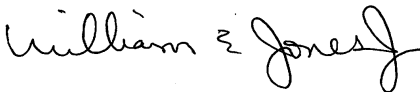
1. Your Policy becomes paid up under the Premium Payment Option You have selected.
2. Your Spouse/Domestic Partner dies prior to the 10th Policy or Rider Anniversary.
3. You send a written request terminating this Rider. We will cancel Your Spouse/Domestic Partner's Rider as well, but both You and Your Spouse/Domestic Partner each have the option to retain Your Policies.
4. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium. We will automatically cancel the remaining Spouse/Domestic Partner's Rider but he or she may retain the Policy.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.


[_____]

[William E. Jones, Jr]
[President]

RESTORATION OF BENEFITS RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the Benefits described in this Restoration of Benefits Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

RESTORATION OF BENEFITS RIDER

This Rider restores Your Policy's Maximum Lifetime Benefit and Your Maximum Daily Benefit Amount to the amounts that would have been available on the Day the Policy is restored had no Benefits been paid. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Conditions:

1. ONE TIME ONLY, provided you have not received greater than 180 days of Policy paid services, We will restore this Policy's Maximum Daily Benefit and Maximum Lifetime Benefit to the total that would have applied if no Benefits had been paid under this Policy.
2. This Restoration of Benefits applies when a period of 180 consecutive Days elapses in which:
 - a. You are not eligible for, or being paid, Benefits because You are no longer deemed Chronically Ill; and
 - b. Your Policy did not lapse and all premiums were paid; and
 - c. You did not exhaust Your Maximum Lifetime Benefit; and
 - d. Your Policy remained in force.

TERMINATION

This Rider will terminate immediately on the earliest of the following:

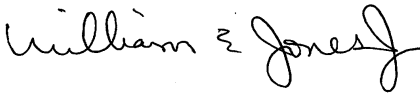
1. The termination of Your coverage under Your Policy.
2. Coverage under Your Policy consists of a reduced Maximum Lifetime Benefit amount under the Non-forfeiture Shortened Benefit Period Rider.
3. The failure to pay any premium for this Rider when due.
4. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.
5. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.
6. Receipt of 180 days of Policy paid services.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." The signature is written in a cursive, flowing style. The first name "William" is written in a standard cursive, while "E." is a small, simple flourish. "Jones, Jr." follows, with "Jones" in a more pronounced cursive and "Jr." as a smaller, simpler addition.

[
[William E. Jones, Jr]
[President]

GRADED RETURN OF PREMIUM UPON DEATH RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the Benefits described in this Graded Return of Premium Upon Death Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

GRADED RETURN OF PREMIUM UPON DEATH RIDER

This Rider adds a Benefit to Your Policy to refund a percentage of premiums paid, less the amount of any Benefits paid or payable, upon Your death. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. We will pay a Return of Premium Benefit if Your death occurs prior to Your 75TH birthday.
2. Upon notification of Your death, We will refund a percentage of all premiums paid for Your Policy and any Riders.
3. We will return the following percentage of net premiums paid (total premiums less Benefits paid or payable) upon Your death:

<u>Age</u>	<u>Percentage</u>
65 or less	100%
66	90%
67	80%
68	70%
69	60%
70	50%
71	40%
72	30%
73	20%
74	10%
75	0%

TERMINATION

This Graded Return of Premium Upon Death Rider will terminate immediately on the earliest of the following:

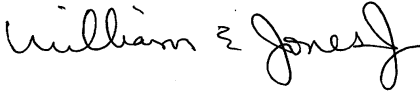
1. The termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider).
2. The failure to pay any premium for this Rider when due.
3. Your 75TH birthday.
4. When You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.
5. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[

[William E. Jones, Jr]

[President]

RETURN OF PREMIUM UPON DEATH RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the Benefits described in this Return of Premium Upon Death Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

RETURN OF PREMIUM UPON DEATH RIDER

This Rider adds a Benefit to Your Policy to refund, upon Your death, premiums paid less the amount of any Benefits paid or payable. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. While Your Policy is in force, We will pay a Return of Premium Benefit if Your death occurs prior to the first Policy Anniversary Date that follows Your 80TH birthday.
2. If Your Policy should lapse, We will pay a Return of Premium Benefit if:
 - a. Your death occurs within 90 Days of the date the last premium payment was due; and
 - b. Your death occurs prior to the first Policy Anniversary Date that follows Your 80TH birthday.
3. If applicable, We will refund the total of premiums paid for Your Policy and any Riders less any Benefits paid or payable upon notification of Your death,.

TERMINATION

This Return of Premium Upon Death Rider will terminate immediately on the earliest of the following:

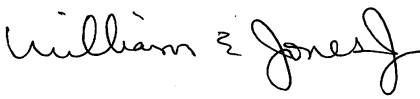
1. The Termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider).
2. The failure to pay any premium for this Rider when due.
3. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.
4. The first Policy Anniversary Date following Your 80TH birthday.
5. When You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[William E. Jones, Jr]
[President]

MONTHLY ASSISTED LIVING FACILITY, HOME HEALTH CARE, AND ADULT DAY CARE BENEFIT RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the Benefits described in this Monthly Assisted Living Facility, Home Health Care, and Adult Day Care Benefit Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

MONTHLY ASSISTED LIVING FACILITY, HOME HEALTH CARE AND ADULT DAY CARE BENEFIT RIDER

This Rider adds a Benefit to Your Policy that changes the basis for payments for Benefits under Your Maximum Daily Benefit Amount for Assisted Living Facility, Home Health Care and Adult Day Care. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. We will pay the charges incurred for Assisted Living Facility, Home Health Care and Adult Day Care on the basis of services received on a monthly rather than a daily basis.
2. The maximum Benefit payable in each month will be limited to the Maximum Daily Benefit Amount for Assisted Living Facility, Home Health Care, and Adult Day Care as of Your most recent Policy Anniversary Date multiplied by 30 days.

TERMINATION

This Monthly Assisted Living Facility, Home Health Care, and Adult Day Care Benefit Rider will terminate immediately on the earliest of the following:

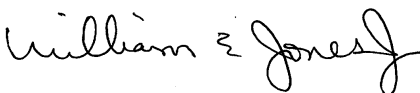
1. The termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider).
2. The failure to pay any premium for this Rider when due.
3. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.
4. When You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.


[]

[William E. Jones, Jr]
[President]

MONTHLY CASH BENEFIT RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Monthly Cash Benefit Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

MONTHLY CASH BENEFIT RIDER

This Rider changes how Your Benefits are paid for Assisted Living Facility, Home Health Care, and Adult Day Care services. Under this Rider, Benefits for Assisted Living Facility, Home Health Care, and Adult Day Care services will be covered through cash Benefits. Benefits under this Rider are payable only under the conditions as described in the Terms of Rider section below. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. If You have established Benefit Eligibility, Benefits other than for Nursing Home and Hospice Services will be paid with a monthly check equal to 30 times Your Maximum Daily Assisted Living Facility, Home Health Care and Adult Day Care Benefit.
2. For each month this benefit is paid, we will deduct this amount from Your Current Maximum Lifetime Benefit.
3. While this rider is in force, Benefits otherwise payable for Caregiver Training, Respite Care, or Bed Reservation will not be paid.
4. To receive Your cash Benefits, the following will supplement the Notice of Claim and Payment of Claim sections in Your Policy.

NOTICE OF CLAIM

When You become Benefit Eligible, You or Your representative must submit a completed Request for Benefits form each month to receive Your Monthly Assisted Living Facility, Home Health Care, and Adult Day Care cash Benefit payment. You can obtain Request for Benefits forms by calling or writing Our Customer Service Department.

You do not have to submit provider bills to claim Benefits.

If, after establishing Benefit Eligibility, We do not receive a completed Request for Benefits form from You for more than 90 Days, You must re-establish Your Benefit Eligibility. You may contact Our Customer Service Representatives for assistance in re-establishing Your Benefit Eligibility.

PAYMENT OF CLAIM

We will pay Benefits prospectively from the Day after the date You become Benefit Eligible. Thereafter, as long as You remain Benefit Eligible, continue to receive Your eligible services, and submit Your claim, We will pay You monthly Benefits. These Benefit payments are intended to be used for Qualified Long Term Care Services.

Named Payee: While You are living, We will pay all Benefits to You unless You submit an Assignment of Benefits to a named payee. An Assignment of Benefits is a request from You or Your legal representative to send payments to someone other than Yourself. An Assignment of Benefits cannot be irrevocable. You may change the named payee at any time. If You or Your legal representative wishes to send Benefit payments to another individual, We must receive the Assignment of Benefits request in writing no later than the time Your claim is submitted. We will consider no Assignment of Benefits valid unless Our administrative office receives it in writing. We will pay unassigned Benefits due and unpaid at Your death to Your estate.

If You are receiving Benefits under this Rider:

1. You will be eligible for Nursing Home Benefits or Hospice Services on the first day after the end of the month which you received payment under this Rider.
2. Care provided by an unlicensed Spouse/Domestic Partner or a member of Your Immediate Family is not an Excluded Service.

TERMINATION

This Rider will terminate immediately on the earliest of the following:

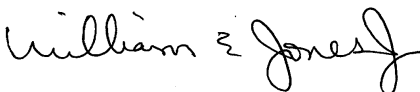
1. You are no longer Benefit Eligible;
2. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.
3. You exhaust Your Maximum Lifetime Benefit;
4. The Termination of Your coverage under Your Policy;
5. You send a written request terminating this Rider.
6. Coverage under Your Policy consists of a reduced Lifetime Maximum Benefit under any non-forfeiture Benefit;

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary or alter the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer MedAmerica Insurance Company as set forth below.



[

[William E. Jones, Jr]

[President

NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Non-forfeiture Shortened Benefit Period Rider.

This Rider is part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

NON-FORFEITURE SHORTENED BENEFIT PERIOD

This Rider adds a Benefit to Your Policy that may provide coverage after the Policy has lapsed or Terminated. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

1. Conditions for Benefit Eligibility. We will continue the coverage provided by this Policy if:
 - a. Your coverage under this Policy has been in force for 3 years or more; and
 - b. Your coverage lapses due to cancellation or non-payment of premium.
2. Benefit Availability. If You become Benefit Eligible after Your Policy Terminates, We will pay You the Maximum Daily Benefit Amount in effect when Your coverage ended.
3. Amount of Benefit. Your Current Maximum Lifetime Benefit under this Policy will be the greater of:
 - a. the sum of all premiums paid or
 - b. Your Maximum Daily Benefit Amount times 30.
4. The Current Maximum Lifetime Benefit under this Rider can never be greater than the Current Maximum Lifetime Benefit under Your Policy at the time Your coverage ended.

TERMINATION

This Rider will terminate when the first of the following events occurs:

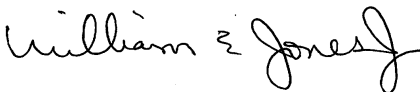
1. The Termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider).
2. Your death.
3. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.
4. You fail to pay any premium for this Rider when due.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[
[William E. Jones, Jr]
[President]

20-CALENDAR DAY ELIMINATION PERIOD FOR ASSISTED LIVING FACILITY, HOME HEALTH CARE, AND ADULT DAY CARE RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this 20-Calendar Day Elimination Period for Assisted Living Facility, Home Health Care, and Adult Day Care Rider.

This Rider is part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

20-CALENDAR DAY ELIMINATION PERIOD FOR ASSISTED LIVING FACILITY, HOME HEALTH CARE, AND ADULT DAY CARE
This Rider adds a Benefit to Your Policy that reduces Your Elimination Period for Assisted Living Facility, Home Health Care, and Adult Day Care services to 20 Calendar Days. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

While Your Elimination Period as shown on Your Schedule of Policy Benefits is reduced for Assisted Living Facility, Home Health Care and Adult Day Care services, You **must** still satisfy Your Elimination Period before Benefits are payable for other Benefits, except those Benefits that do not require an Elimination Period.

TERMINATION

This Rider will terminate if any of the following events occur:

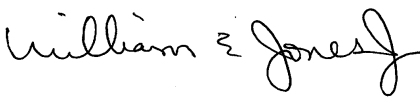
1. You send a written request terminating this Rider.
2. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[
[William E. Jones, Jr]
[President]

COMBINATION BENEFIT INCREASE RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Combination Benefit Increase Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

COMBINATION BENEFIT INCREASE RIDER

This Rider adds a Benefit to Your Policy that will increase Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit annually by 5%. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Increase Calculation:

1. We will automatically increase Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts on each Policy Anniversary Date. The first increase will take effect on the Policy Anniversary Date that follows the date this Rider went into Effect. The increase will occur even if Benefits are being paid.
2. Prior to Your 61st birthday, the amount of each increase will be 5% of Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts in effect on Your most recent Policy Anniversary Date.
3. Beginning with the first Policy Anniversary Date following Your 61st birthday and on each subsequent Policy Anniversary Date through age 74, the increase will equal 5% of Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts in effect on the first Policy Anniversary Date following Your 61st birthday. This increase will occur even if Benefits are being paid.
4. There will be no further increases after Your 75th birthday.
5. We will not increase Benefit amounts purchased after Your Original Policy Effective Date until the additional Benefit amounts have been in effect for one full year.
6. We will make no inflation adjustment while this Policy is in effect under the provisions of any non-forfeiture Benefit.
7. Premiums will not change due to increases under this Rider.

TERMINATION

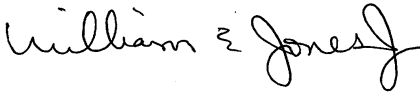
1. This Rider will terminate immediately on the earliest of the following:
 - a. Your Policy lapses for non-payment of premium.
 - b. You send a written request terminating this Rider.
 - c. You exhaust Your Maximum Lifetime Benefit.
2. If Your Policy terminates and is later reinstated, We will make automatic inflation increases as if Your Policy had remained in effect.
3. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

[

[William E. Jones, Jr]

SIMPLE INFLATION – NO MAXIMUM RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the Benefits described in this Simple Inflation – No Maximum Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SIMPLE INFLATION – NO MAXIMUM RIDER

This Rider adds a Benefit to Your Policy that increases Your Maximum Daily Benefit Amount and Maximum Lifetime Benefit annually. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Increase Calculation:

1. We will automatically increase Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit on each Policy Anniversary Date. The first increase will take effect on the Policy Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Policy Anniversary Date, We will recalculate Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit as follows:
 - a. Your Maximum Daily Benefit Amount will increase by the Inflation Option percentage You selected multiplied by the Maximum Daily Benefit in effect on the Effective Date of this Rider.
 - b. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount.
 - c. We will round the increase to the nearest dollar.

TERMINATION

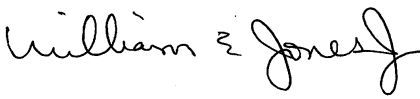
1. This Rider will terminate immediately on the earliest of the following:
 - a. Your Policy lapses for non-payment of premium.
 - b. You send a written request terminating this Rider.
 - c. You exhaust Your Maximum Lifetime Benefit.
2. If Your Policy terminates and is later reinstated, We will make automatic Benefit increases as if Your Policy had remained in effect.
3. If Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision, We will make no increases after the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[William E. Jones, Jr]
[President]

SIMPLE INFLATION – 2X MAXIMUM RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the Benefits described in this Simple Inflation - 2X Maximum Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SIMPLE INFLATION -- 2X MAXIMUM RIDER

This Rider adds a Benefit to Your Policy that increases Your Maximum Daily Benefit Amount and Maximum Lifetime Benefit annually up to a preset limit. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Increase Calculation:

1. We will automatically increase Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit on each Policy Anniversary Date. The first increase will take effect on the Policy Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Policy Anniversary Date, We will recalculate Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit as follows:
 - a. Your Maximum Daily Benefit Amount will increase by the Inflation Option percentage You selected multiplied by the Maximum Daily Benefit in effect on the Effective Date of this Rider.
 - b. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount.
 - c. We will round the increase to the nearest dollar.
 - d. We will continue increases until Your Maximum Daily Benefit Amount equals 2 times the original amount shown on Your Schedule of Policy Benefits.

TERMINATION

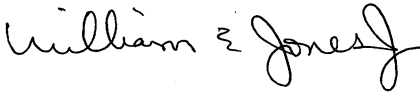
1. This Rider will terminate immediately on the earliest of the following:
 - a. Your Policy lapses for non-payment of premium.
 - b. You send a written request terminating this Rider.
 - c. You exhaust Your Maximum Lifetime Benefit.
2. If Your Policy Terminates and is later reinstated, We will make automatic Benefit increase as if Your Policy had remained in effect.
3. If Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision, We will make no increases after the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." The signature is written in a cursive style with a large, stylized "J" at the end.

[
[William E. Jones, Jr]
[President]

COMPOUND INFLATION – NO MAXIMUM RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Compound Inflation – No Maximum Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

COMPOUND INFLATION – NO MAXIMUM RIDER

This Rider adds a Benefit to Your Policy that will increase Your Maximum Daily Benefit Amount and Your Current Maximum Lifetime Benefit annually. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Increase Calculation:

1. Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit will automatically increase on each Policy Anniversary Date. The first increase will take effect on the Policy Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Policy Anniversary Date, Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit will be recalculated as follows:
 - a. Your Maximum Daily Benefit will increase by the Inflation Option percentage You selected multiplied by the Maximum Daily Benefit in effect on Your previous Policy Anniversary Date.
 - b. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount.
 - c. We will round increases to the nearest dollar.

TERMINATION

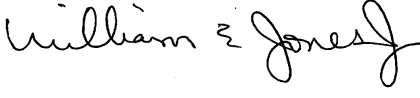
1. This Rider will terminate immediately on the earliest of the following:
 - a. Your Policy lapses for non-payment of premium.
 - b. You send a written request terminating this Rider.
 - c. You exhaust Your Maximum Lifetime Benefit.
2. If Your Policy terminates and is later reinstated, We will make automatic inflation increases as if Your Policy had remained in effect.
3. If Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision, We will make no increases after the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." The signature is written in a cursive style with a large, stylized "J" at the end.

[William E. Jones, Jr]

[President]

COMPOUND INFLATION – 2X MAXIMUM RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Compound Inflation – 2X Maximum Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

COMPOUND INFLATION – 2X MAXIMUM RIDER

This Rider adds a Benefit to Your Policy that will increase Your Maximum Daily Benefit Amount and Your Current Maximum Lifetime Benefit annually up to a preset limit. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Increase Calculation:

1. We will automatically increase Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit on each Policy Anniversary Date. The first increase will take effect on the Policy Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Policy Anniversary Date, We will recalculate Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit as follows:
 - a. Your Maximum Daily Benefit Amount will increase by the Inflation Option percentage You selected multiplied by the Maximum Daily Benefit in effect on Your previous Policy Anniversary Date.
 - b. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount.
 - c. We will round Increases to the nearest dollar.
 - d. We will continue increases until Your Maximum Daily Benefit Amount equals 2 times the original amount shown on Your Schedule of Policy Benefits.

TERMINATION

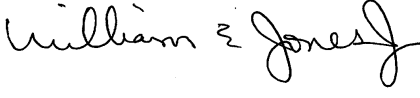
1. This Rider will terminate immediately on the earliest of the following:
 - a. Your Policy lapses for non-payment of premium.
 - b. You send a written request terminating this Rider.
 - c. You exhaust Your Maximum Lifetime Benefit.
2. If Your Policy terminates and is later reinstated, We will make automatic inflation increases as if Your Policy had remained in effect.
3. If Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision, We will make no increases after the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink, appearing to read "William E. Jones, Jr.", enclosed within square brackets.

[William E. Jones, Jr]

[President]

GUARANTEED PURCHASE OPTION RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Guaranteed Purchase Option Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

GUARANTEED PURCHASE OPTION RIDER

This Rider adds a Benefit to Your Policy that will provide You with the option to increase Your Maximum Daily Benefit Amount and Maximum Lifetime Benefit. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy.

TERMS OF RIDER

Increase Calculation:

1. Beginning on Your 2nd Policy Anniversary Date and ending on Your 85TH birthday, We will offer You the option to purchase additional Benefits every 2 years.
2. We will not require You to show evidence of insurability to exercise the Guaranteed Purchase Option.
3. The available Benefit for purchase under this Rider will equal 10% of Your Current Maximum Daily Benefit.
4. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount.
5. We will base the premium for the additional Benefits on Your attained age on the effective date of the increase. The effective date of the increase will be the Certificate Anniversary Date on which the offer is made.

Conditions:

1. We will send You a notification when Your Purchase Option is available.
2. You must notify Us in writing within 31 Days after the Guaranteed Purchase Option date if You wish to purchase additional Benefits. If you do not respond within 31 days, We will deem you have declined the offer.
3. You may decline Your Guaranteed Purchase Option. If You decline 2 offers, no further offers will be made. However, you are still obligated to pay the premium associated with this rider.
4. We will offer no Guaranteed Purchase Option if you are Benefit Eligible.
5. We will offer no Guaranteed Purchase Option while any non-forfeiture Benefit is in effect.

TERMINATION

This Rider will terminate immediately on the earliest of the following:

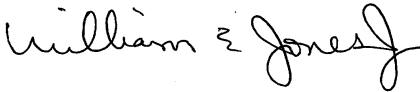
1. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium; or
2. You exhaust Your Maximum Lifetime Benefit or access Benefits under terms of the Extended Benefit Rider.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[

[William E. Jones, Jr]

[President]

DAILY BENEFIT INCREASE RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the Benefits described in this Daily Benefit Increase Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

DAILY BENEFIT INCREASE RIDER

This Rider adds a Benefit to Your Policy that will increase Your Maximum Daily Benefit annually by 5% for compound inflation with no maximum. The following provision is added to the Additional Policy Features and Benefits section under Part 1: Benefits in Your Policy. The Maximum Lifetime Benefit as of the Original Policy Effective Date shown on Your Schedule of Policy Benefits will NOT increase under this Rider.

TERMS OF RIDER

Increase Calculation:

1. Your Maximum Daily Benefit Amount will automatically increase on each Policy Anniversary Date. The first increase will take effect on the Policy Anniversary Date that follows Your Original Policy Effective Date as shown on Your Schedule of Policy Benefits. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Policy Anniversary Date, We will recalculate Your Maximum Daily Benefit Amount as follows:
 - a. We will increase Your Maximum Daily Benefit Amount in effect on Your previous Policy Anniversary Date by 5%, compounded annually.
 - b. We will round increases to the nearest dollar.

TERMINATION

This Rider will terminate immediately on the earliest of the following:

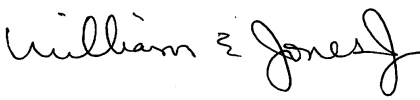
1. Your Policy lapses for non-payment of premium.
2. You send a written request terminating this Rider.
3. You exhaust Your Maximum Lifetime Benefit.
4. If Your Policy terminates and is later reinstated, We will make automatic inflation increases as if Your Policy had remained in effect.
5. Your Policy lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions of Your Policy also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



[William E. Jones, Jr]
[President]

Coverage Change Form - BENEFIT CHANGES WITHIN 30 DAYS OF COVERAGE ISSUE DATE	
IDENTIFYING INFORMATION:	
Name:	Social Security #: _____
Address:	Amount Collected: \$ _____
City:	This Amount Represents:
State: _____ Zip: _____	<input type="checkbox"/> Premium Payment for the Benefit Change listed or
	<input type="checkbox"/> Balance of Mode
1) MAXIMUM DAILY BENEFIT AMOUNT	
Current: Maximum Nursing Home Benefit \$ _____ per day	Change to: Maximum Nursing Home Benefit \$ _____ per day (minimum \$50 – maximum \$500; multiples of \$10)]
Current: Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit (Comprehensive ONLY): <input type="checkbox"/> 50% ¹ <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> 125% ¹	Change to: Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit (Comprehensive ONLY): <input type="checkbox"/> 50% ¹ <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> 125% ¹ ¹ Not available with the Monthly Cash Benefit Rider
2) BENEFIT DURATION	
Current: <input type="checkbox"/> 365 days <input type="checkbox"/> 730 days <input type="checkbox"/> 1095 days <input type="checkbox"/> 1460 days <input type="checkbox"/> 1825 days <input type="checkbox"/> 2190 days <input type="checkbox"/> 2555 days <input type="checkbox"/> 2920 days <input type="checkbox"/> 3650 days	Change to: <input type="checkbox"/> 365 days <input type="checkbox"/> 730 days <input type="checkbox"/> 1095 days <input type="checkbox"/> 1460 days <input type="checkbox"/> 1825 days <input type="checkbox"/> 2190 days <input type="checkbox"/> 2555 days <input type="checkbox"/> 2920 days ² <input type="checkbox"/> 3650 days ² ² 2920 days and 3650 days are not available to applicants over age 79.]
3) ELIMINATION PERIOD (CALENDAR DAYS)	
Current: <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 100 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days	Change to: <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 100 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days
4) INFLATION OPTIONS	
Current: <input type="checkbox"/> None <input type="checkbox"/> 5% Compound-No Maximum <input type="checkbox"/> 5% Compound-2x Maximum <input type="checkbox"/> 3% Compound-No Maximum <input type="checkbox"/> 3% Compound-2x Maximum <input type="checkbox"/> 5% Simple-No Maximum <input type="checkbox"/> 5% Simple-2x Maximum <input type="checkbox"/> 3% Simple-No Maximum <input type="checkbox"/> 3% Simple-2x Maximum <input type="checkbox"/> Guaranteed Purchase Option ³ <input type="checkbox"/> Combination Benefit Increase ⁴ <input type="checkbox"/> Daily Benefit Increase]	Change to: <input type="checkbox"/> None <input type="checkbox"/> 5% Compound-No Maximum <input type="checkbox"/> 5% Compound-2x Maximum <input type="checkbox"/> 3% Compound-No Maximum <input type="checkbox"/> 3% Compound-2x Maximum <input type="checkbox"/> 5% Simple-No Maximum <input type="checkbox"/> 5% Simple-2x Maximum <input type="checkbox"/> 3% Simple-No Maximum <input type="checkbox"/> 3% Simple-2x Maximum <input type="checkbox"/> Guaranteed Purchase Option ³ <input type="checkbox"/> Combination Benefit Increase ⁴ <input type="checkbox"/> Daily Benefit Increase]
³ Not available after age 72, Not available with Shared Extended Benefit Rider and Only Available with Lifetime Payment Period ⁴ Not available after age 69]	
5) PREMIUM PAYMENT PERIOD	
Current: <input type="checkbox"/> 10 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> Lifetime]	Change to: <input type="checkbox"/> 10 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> Lifetime]

6) RIDERS	Current:		Change to:	
Non-forfeiture Shortened Benefit Period Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[Restoration of Benefits Rider] <ul style="list-style-type: none"> Not available with Shared Extended Benefit Rider. Not available with 365 days (1yr) Benefit Duration. Not available with Elimination Periods greater than 100 days. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[Return of Premium Upon Death Rider] <ul style="list-style-type: none"> Not available with Graded Return of Premium Rider. Not available to applicants <u>age 76 and over</u>. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[Graded Return of Premium Upon Death Rider] <ul style="list-style-type: none"> Not available with Return of Premium Rider. Not available to applicants <u>age 66 and over</u>. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[Monthly Assisted Living, Home Health Care and Adult Day Care Benefit Rider] <ul style="list-style-type: none"> Not available with Monthly Cash Benefit Rider. Not available with the Facilities Only Policy. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care, & Adult Day Care Rider] <ul style="list-style-type: none"> Not available with Monthly Cash Benefit Rider. Not available with the Facilities Only Policy. Not available with 20 or 30 day Elimination Period 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[Monthly Cash Benefit Rider] <ul style="list-style-type: none"> Not available with Monthly Assisted Living, Home Health Care & Adult Day Care Benefit Rider Not available with 20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care, & Adult Day Care Rider Not available with the Facilities Only Policy. Not available with 50% or 125% options for Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit. Not available with 20 day Elimination Period Not available with Extended Benefit Rider 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[Extended Benefit Rider] <ul style="list-style-type: none"> Not available with the Shared Extended Benefit Rider. Not available with No Inflation Not available with Combination Benefit Increase Not available with Guaranteed Purchase Option Not available with Daily Benefit Increase Not available with Month Cash Benefit Rider <p>⁵ Only available with Benefit Durations 730, 1095 and 1460 days</p> <p>⁶ Only available with Benefit Durations 1095, 1460 and 1825 days</p>	<input type="checkbox"/> Yes If Yes, select one <input type="checkbox"/> 730 Days ⁵ <input type="checkbox"/> 1095 Days ⁶	<input type="checkbox"/> No	<input type="checkbox"/> Yes If Yes, select one <input type="checkbox"/> 730 Days ⁵ <input type="checkbox"/> 1095 Days ⁶	<input type="checkbox"/> No

OPTIONAL RIDER FOR SPOUSE / DOMESTIC PARTNERS <ul style="list-style-type: none"> Both Spouse/Domestic Partners must purchase and maintain the rider and the riders must have the same effective date. If one Spouse/Domestic Partner is not Eligible or does not apply, they must apply <u>within 6 months</u> of the original Spouse/Domestic Partner and the original Spouse/Domestic Partner can not be Eligible for Benefits at the time the Rider is requested. Not available if Spouse/Domestic Partners' age difference is more than 15 years. 	Current:		Change to:	
[Shared Extended Benefit Rider] <ul style="list-style-type: none"> Both Spouse/Domestic Partners must purchase and maintain identical coverage. Not available with the Restoration of Benefits Rider. Not available with the Extended Benefit Rider. Not available with the Guaranteed Purchase Option. Not available with the Daily Benefit Increase. The Shared Extended Benefit can not be greater than the base benefit and the sum of the base and the Shared Extended Base can not exceed 10 years. 	<input type="checkbox"/> Yes If Yes, select one <input type="checkbox"/> 730 Days <input type="checkbox"/> 1095 Days <input type="checkbox"/> 1460 Days <input type="checkbox"/> 1825 Days]	<input type="checkbox"/> No	<input type="checkbox"/> Yes If Yes, select one <input type="checkbox"/> 730 Days <input type="checkbox"/> 1095 Days <input type="checkbox"/> 1460 Days <input type="checkbox"/> 1825 Days]	<input type="checkbox"/> No]
[Survivor Benefit Rider] Not available with 10 Pay Premium Payment Period.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No]
[Shared Waiver Rider] Both Spouse/Domestic Partners must purchase and maintain identical coverage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No]
Insured Signature: X		Date:		
[Producer Signature: X		Date:]		
[Print Producer Name:		Writing Number:]		

Coverage Change Form - BENEFIT CHANGES AFTER 30 DAYS OF COVERAGE ISSUE DATE

IDENTIFYING INFORMATION:

Name:	Social Security #:
Address:	Amount Collected: \$
City:	This Amount Represents:
State:	<input type="checkbox"/> Premium Payment for the Benefit Change listed or
Zip	<input type="checkbox"/> Balance of Mode

1) MAXIMUM DAILY BENEFIT AMOUNT

Current: Maximum Nursing Home Benefit \$_____ per day	Decrease to: Maximum Nursing Home Benefit \$_____ per day (minimum \$50 – maximum \$500; multiples of \$10)
Current: Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit (Comprehensive ONLY): <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> 125%	Decrease to: Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit (Comprehensive ONLY): <input type="checkbox"/> 50% ¹ <input type="checkbox"/> 75% <input type="checkbox"/> 100% ¹ Not available with the Monthly Cash Benefit Rider

2) BENEFIT DURATION

Current: <input type="checkbox"/> 730 days <input type="checkbox"/> 1095 days <input type="checkbox"/> 1460 days <input type="checkbox"/> 1825 days <input type="checkbox"/> 2190 days <input type="checkbox"/> 2555 days <input type="checkbox"/> 2920 days <input type="checkbox"/> 3650 days	Decrease to: <input type="checkbox"/> 365 days <input type="checkbox"/> 730 days <input type="checkbox"/> 1095 days <input type="checkbox"/> 1460 days <input type="checkbox"/> 1825 days <input type="checkbox"/> 2190 days <input type="checkbox"/> 2555 days <input type="checkbox"/> 2920 days ¹ ¹ 2920 days is not available to applicants over age 79.
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3) ELIMINATION PERIOD (CALENDAR DAYS)

Current: <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 100 days <input type="checkbox"/> 180 days	Increase to: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 100 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days
--	---

4) INFLATION OPTIONS Any decrease to your inflation will be based on Your age as of Your Original Policy Effective Date.

Current:	Decrease to:
<input type="checkbox"/> 5% Compound-No Maximum	<input type="checkbox"/> None <input type="checkbox"/> 5% Compound-2x Maximum <input type="checkbox"/> 3% Compound-No Maximum <input type="checkbox"/> 3% Compound-2x Maximum <input type="checkbox"/> 5% Simple-No Maximum <input type="checkbox"/> 5% Simple-2x Maximum <input type="checkbox"/> 3% Simple-No Maximum <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 5% Compound-2x Maximum	<input type="checkbox"/> None <input type="checkbox"/> 3% Compound-2x Maximum <input type="checkbox"/> 5% Simple-2x Maximum <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 3% Compound-No Maximum	<input type="checkbox"/> None <input type="checkbox"/> 3% Compound-2x Maximum <input type="checkbox"/> 3% Simple-No Maximum <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 3% Compound-2x Maximum	<input type="checkbox"/> None <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 5% Simple-No Maximum	<input type="checkbox"/> None <input type="checkbox"/> 5% Simple-2x Maximum <input type="checkbox"/> 3% Simple-No Maximum <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 5% Simple-2x Maximum	<input type="checkbox"/> None <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 3% Simple-No Maximum	<input type="checkbox"/> None <input type="checkbox"/> 3% Simple-2x Maximum
<input type="checkbox"/> 3% Simple-2x Maximum	<input type="checkbox"/> None
<input type="checkbox"/> Combination Benefit Increase	<input type="checkbox"/> None
<input type="checkbox"/> Daily Benefit Increase	<input type="checkbox"/> None

5) PREMIUM PAYMENT PERIOD

Current: <input type="checkbox"/> 10 Years <input type="checkbox"/> 20 Years	Change to: <input type="checkbox"/> Lifetime
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6) RIDERS (Eliminating Rider)		Current:	Change to:	
Non-forfeiture Shortened Benefit Period Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
[Restoration of Benefits Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
[Return of Premium Upon Death Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
[Graded Return of Premium Upon Death Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
[Monthly Assisted Living Facility, Home Health Care and Adult Day Care Benefit Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
[20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care, & Adult Day Care Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
[Monthly Cash Benefit Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
[Extended Benefit Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No]		
OPTIONAL RIDER FOR SPOUSE/DOMESTIC PARTNERS ONLY if Your original Policy effective date is within 6 months of the date you sign this form, the following riders are available for purchase. If after 6 months, please submit a new application. <ul style="list-style-type: none"> Both Spouse/Domestic Partners must purchase and maintain the rider. If one Spouse/Domestic Partner is not Eligible or does not apply, they must apply <u>within 6 months</u> of the original Spouse/Domestic Partner and the original Spouse/Domestic Partner can not be Eligible for Benefits at the time the Rider is requested. Not available if Spouse/Domestic Partners' age difference is more than 15 years. 		Change to: Please be aware that by choosing to terminate any of the shared riders, Your Spouse/Domestic Partner's Shared Rider will be terminated on the same day.		
[Shared Extended Benefit Rider <ul style="list-style-type: none"> Both Spouse/Domestic Partners must purchase and maintain identical coverage. Not available with the Restoration of Benefits Rider. Not available with the Extended Benefit Rider. Not available with the Guaranteed Purchase Option. Not available with the Daily Benefit Increase. The Shared Extended Benefit can not be greater than the base benefit and the sum of the base and the shared can not exceed 10 years. 	<input type="checkbox"/> Yes If Yes, select one <input type="checkbox"/> 730 Days <input type="checkbox"/> 1095 Days <input type="checkbox"/> 1460 Days <input type="checkbox"/> 1825 Days	<input type="checkbox"/> No	<input type="checkbox"/> Yes If Yes, select one <input type="checkbox"/> 730 Days <input type="checkbox"/> 1095 Days <input type="checkbox"/> 1460 Days <input type="checkbox"/> 1825 Days	<input type="checkbox"/> No]
[Survivor Benefit Rider <ul style="list-style-type: none"> Not available with 10 Pay Premium Payment Period. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No]
[Shared Waiver Rider <ul style="list-style-type: none"> Both Spouse/Domestic Partners must purchase and maintain identical coverage. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No]
Insured Signature: X		Date:		
[Producer Signature: X		Date:]		
[Print Producer Name:		Writing Number:]		

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone. By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form # _____

The premium for the coverage you are considering will be:

\$ _____ per month

\$ _____ per quarter

\$ _____ per year

This Policy/Certificate is guarantee renewable.

The Company's Right to Increase Premiums

MedAmerica Insurance Company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History

We have sold Long Term Care insurance since 1987 and have sold this Policy since [2010]. MedAmerica Insurance Company has not raised rates for this Policy form in this state or any other state. However, in the past ten years, we have raised rates on the following Policy series that are no longer available for sale, as summarized below.

Policy Series	Year Available for Sale	Year of Increase/ Percentage of Increase
[LBP; CD5; CD7; LBP7; CD8; LBP8; CD9; LBP9; LTQ11-998; NTQ11-998; HTQ11-998; FLQ11-998; PRT11-998; PNQ11-998; GRP11-200; LTQ11-1100; NTQ11-1100; HTQ11-1100; GRP11-1100; GRP11-101; LTQ11-401; NTQ11-401; HTQ11-401; GRP11-401; GRP11-501; LTQ11-601; NTQ11-601; HTQ11-601; FLQ11-601; GRP11-601; PRT11-601; PNQ11-601; PGR11-601; TGR11-601; TLQ11-701; TNQ11-701; THQ11-701; TGR11-701; LTC-177-NAR]	[1992-2008]	[2010: 39% maximum increase (actual may vary by state)]

Questions Related to Your Income

How will you pay each year's premium? *(Check one)*

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? *(Check one)*

☐ Under \$10,000 ☐ \$10,000-\$20,000 ☐ \$20,000-\$30,000
☐ \$30,000-\$40,000 ☐ \$40,000-\$50,000 ☐ Over \$50,000

How do you expect your income to change over the next 10 years? *(Check one)*

☐ No change ☐ Increase ☐ Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? *(Check one)*

☐ YES ☐ NO

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

The National average annual cost of care in [a Nursing Home in 2009] was [\$76,000], but this figure varies across the country. In 10 years the National average annual cost would be about [\$123,800] if costs increase 5% annually.

What elimination period are you considering?

of days _____ Approximate cost for that period of care \$ _____.

How are you planning to pay for your care during the elimination period? *(Check one)*

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? *(Check one)*

☐ Under \$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$40,000
☐ \$40,000-\$50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? *(Check one)*

☐ Stay about the same ☐ Increase ☐ Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

(Check one)

- ☐ *The answers to the questions above describe my financial situation.*
or
☐ *I choose not to complete this information.*

(This box must be checked)

- ☐ I acknowledge that the Company and/or its agent (below), if applicable, has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**

Applicant's Signature X **Date** _____

I explained to the applicant the importance of completing this information.

Agent's Signature _____ **Date** _____

Agent's Printed Name _____

In order for us to process your application, please return this signed statement to the Company, along with your application.

My agent has advised me that this policy does not appear to be suitable for me. However, I still want the company to consider my application.

Applicant's Signature _____ **Date** _____

The company may contact you to verify your answers. Please see the Personal Worksheet Instruction Sheet for additional information.

SUITABILITY STANDARDS AND PROCEDURES

The Company recommends that applicants for its long term care products have at least \$30,000 in assets and not spend more than 7% of their income on long term care premiums.

The procedures for obtaining the information are as follows:

1. The applicant is required to complete a ***Long Term Care Insurance Personal Worksheet***. The application is considered incomplete without it.*
2. If the applicant chooses not to disclose the financial information on the Personal Worksheet, he or she is required to sign the ***Authorization form for Financial Non-Disclosure on the Long Term Care Insurance Personal Worksheet***, form #200A. Once the Worksheet, and Disclosure form is turned into the Company, the answers are reviewed.
3. If the applicant has indicated that his or her assets are below the Company recommended level of \$30,000 or premium is greater than 7% of income, letter #200B will be sent to the applicant.
4. The applicant is required to indicate on the letter whether or not he or she wishes to purchase the coverage.
5. The letter must be returned to the Company within 60 days of the date of the letter.
6. If the letter is returned indicating the applicant does not want to continue with the application process or if it is not returned within the 60 days, the application is withdrawn and any conditional premium is returned to the applicant.
7. Prior to the withdrawal, Agent Services will contact the agent to give him or her the opportunity to save the application.

When the above mentioned letter is mailed, there will be a delay in the final review of the application. Therefore, it is to the applicant's, the agent's and the Company's benefit that each applicant be appropriately screened and advised of the standards and this process. The Company strongly recommends that all applicants complete the *Long Term Care Insurance Personal Worksheet*, and the *Authorization form for Financial Non-Disclosure on the Long-Term Care Insurance Personal Worksheet*, if applicable, in order to eliminate the delay in processing.

SERFF Tracking Number:	MEAM-126885717	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	47227
Company Tracking Number:	FC-336-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
Product Name:	FC-336-AR		
Project Name/Number:	FC-336-AR/		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 12/09/2010	FC-336-AR RATES	FC-336-AR	New		FC-336-AR Rate Sheets for memorandum.xls FC-336-AR Rate Sheets for memorandum.pdf
Approved 12/09/2010	FC-337-AR RATES	FC-337-AR	New		FC-337-AR Rate Sheets for memorandum.xls FC-337-AR Rate Sheets for memorandum.pdf

<i>SERFF Tracking Number:</i>	<i>MEAM-126885717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>47227</i>
<i>Company Tracking Number:</i>	<i>FC-336-AR</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.004 Partnership</i>
<i>Product Name:</i>	<i>FC-336-AR</i>		
<i>Project Name/Number:</i>	<i>FC-336-AR/</i>		

Attachment "FC-336-AR Rate Sheets for memorandum.xls" is not a PDF document and cannot be reproduced here.

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: None

Benefit Period	Comprehensive Coverage								
	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	111.00	146.00	173.00	192.00	206.00	220.00	224.00	242.00	261.00
30	115.00	151.00	180.00	200.00	215.00	229.00	234.00	253.00	273.00
31	118.00	156.00	187.00	208.00	225.00	240.00	245.00	265.00	285.00
32	122.00	162.00	195.00	217.00	235.00	251.00	256.00	277.00	299.00
33	126.00	169.00	203.00	227.00	245.00	262.00	268.00	290.00	314.00
34	130.00	176.00	212.00	237.00	257.00	275.00	281.00	304.00	329.00
35	134.00	183.00	221.00	248.00	269.00	288.00	294.00	319.00	345.00
36	139.00	190.00	231.00	260.00	282.00	302.00	309.00	335.00	363.00
37	144.00	199.00	242.00	272.00	295.00	317.00	324.00	352.00	381.00
38	149.00	207.00	253.00	286.00	310.00	333.00	340.00	370.00	401.00
39	154.00	217.00	266.00	300.00	326.00	350.00	358.00	389.00	422.00
40	160.00	225.00	276.00	312.00	340.00	365.00	374.00	406.00	441.00
41	166.00	236.00	290.00	328.00	357.00	384.00	393.00	428.00	464.00
42	173.00	247.00	305.00	345.00	376.00	404.00	414.00	451.00	490.00
43	180.00	259.00	321.00	363.00	396.00	426.00	436.00	475.00	517.00
44	188.00	272.00	337.00	383.00	417.00	449.00	460.00	501.00	545.00
45	196.00	285.00	355.00	404.00	440.00	474.00	486.00	529.00	576.00
46	205.00	300.00	374.00	426.00	465.00	501.00	513.00	560.00	609.00
47	215.00	316.00	395.00	450.00	491.00	529.00	542.00	592.00	644.00
48	225.00	333.00	417.00	475.00	519.00	560.00	574.00	626.00	682.00
49	236.00	351.00	441.00	503.00	549.00	592.00	607.00	663.00	722.00
50	237.00	359.00	454.00	520.00	569.00	615.00	630.00	689.00	752.00
51	249.00	380.00	481.00	551.00	603.00	652.00	668.00	731.00	798.00
52	263.00	402.00	510.00	584.00	640.00	692.00	709.00	776.00	847.00
53	277.00	425.00	541.00	620.00	680.00	734.00	753.00	824.00	900.00
54	292.00	451.00	574.00	658.00	722.00	780.00	800.00	876.00	956.00
55	306.00	474.00	604.00	693.00	761.00	822.00	843.00	923.00	1,008.00
56	324.00	503.00	642.00	737.00	809.00	874.00	896.00	982.00	1,072.00
57	343.00	535.00	683.00	784.00	861.00	930.00	954.00	1,045.00	1,141.00
58	363.00	568.00	726.00	835.00	916.00	990.00	1,015.00	1,112.00	1,214.00
59	385.00	604.00	773.00	889.00	976.00	1,055.00	1,081.00	1,185.00	1,293.00
60	405.00	637.00	816.00	939.00	1,030.00	1,114.00	1,142.00	1,251.00	1,366.00
61	429.00	678.00	870.00	1,001.00	1,099.00	1,188.00	1,217.00	1,334.00	1,456.00
62	456.00	723.00	927.00	1,067.00	1,172.00	1,267.00	1,298.00	1,423.00	1,553.00
63	493.00	784.00	1,008.00	1,161.00	1,275.00	1,379.00	1,413.00	1,549.00	1,692.00
64	533.00	852.00	1,097.00	1,264.00	1,389.00	1,502.00	1,540.00	1,688.00	1,844.00
65	582.00	935.00	1,206.00	1,390.00	1,528.00	1,652.00	1,694.00	1,857.00	2,028.00
66	631.00	1,018.00	1,314.00	1,515.00	1,666.00	1,802.00	1,847.00	2,026.00	2,213.00
67	685.00	1,108.00	1,432.00	1,653.00	1,818.00	1,967.00	2,016.00	2,212.00	2,416.00
68	752.00	1,220.00	1,579.00	1,823.00	2,005.00	2,170.00	2,225.00	2,441.00	2,667.00
69	825.00	1,344.00	1,741.00	2,011.00	2,212.00	2,395.00	2,455.00	2,694.00	2,944.00
70	871.00	1,420.00	1,840.00	2,125.00	2,336.00	2,528.00	2,590.00	2,842.00	3,104.00
71	956.00	1,562.00	2,027.00	2,341.00	2,574.00	2,785.00	2,855.00	3,132.00	3,422.00
72	1,049.00	1,719.00	2,232.00	2,579.00	2,836.00	3,069.00	3,145.00	3,451.00	3,770.00
73	1,138.00	1,871.00	2,431.00	2,809.00	3,089.00	3,342.00	3,425.00	3,759.00	4,106.00
74	1,235.00	2,035.00	2,646.00	3,058.00	3,362.00	3,638.00	3,727.00	4,091.00	4,468.00
75	1,350.00	2,212.00	2,867.00	3,309.00	3,634.00	3,928.00	4,023.00	4,410.00	4,810.00
76	1,459.00	2,396.00	3,108.00	3,586.00	3,939.00	4,256.00	4,359.00	4,778.00	5,211.00
77	1,575.00	2,591.00	3,364.00	3,882.00	4,263.00	4,605.00	4,716.00	5,168.00	5,636.00
78	1,728.00	2,854.00	3,709.00	4,282.00	4,703.00	5,081.00	5,203.00	5,703.00	6,218.00
79	1,898.00	3,143.00	4,090.00	4,724.00	5,189.00	5,606.00	5,740.00	6,292.00	6,861.00
80	2,083.00	3,462.00	4,510.00	5,210.00	5,723.00	6,183.00	6,331.00	NA	NA
81	2,288.00	3,815.00	4,976.00	5,751.00	6,317.00	6,824.00	6,988.00	NA	NA
82	2,511.00	4,201.00	5,485.00	6,341.00	6,966.00	7,524.00	7,704.00	NA	NA
83	2,751.00	4,616.00	6,034.00	6,977.00	7,664.00	8,278.00	8,475.00	NA	NA
84	3,007.00	5,061.00	6,622.00	7,659.00	8,413.00	9,085.00	9,300.00	NA	NA
85	3,274.00	5,527.00	7,238.00	8,373.00	9,196.00	9,928.00	10,162.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Compound No Max
Form # FC-CMP-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	580.00	959.00	1,260.00	1,473.00	1,634.00	1,781.00	1,840.00	2,021.00	2,218.00
30	589.00	974.00	1,280.00	1,496.00	1,661.00	1,810.00	1,869.00	2,054.00	2,254.00
31	598.00	990.00	1,301.00	1,521.00	1,688.00	1,840.00	1,900.00	2,087.00	2,291.00
32	607.00	1,006.00	1,322.00	1,546.00	1,716.00	1,870.00	1,931.00	2,122.00	2,328.00
33	617.00	1,023.00	1,345.00	1,572.00	1,744.00	1,901.00	1,964.00	2,157.00	2,367.00
34	627.00	1,040.00	1,367.00	1,598.00	1,774.00	1,934.00	1,997.00	2,194.00	2,407.00
35	637.00	1,058.00	1,391.00	1,626.00	1,804.00	1,967.00	2,031.00	2,232.00	2,449.00
36	648.00	1,076.00	1,415.00	1,654.00	1,836.00	2,001.00	2,066.00	2,270.00	2,491.00
37	659.00	1,095.00	1,440.00	1,683.00	1,868.00	2,036.00	2,103.00	2,310.00	2,535.00
38	670.00	1,114.00	1,465.00	1,713.00	1,902.00	2,073.00	2,141.00	2,352.00	2,580.00
39	682.00	1,134.00	1,492.00	1,745.00	1,937.00	2,111.00	2,180.00	2,395.00	2,627.00
40	689.00	1,145.00	1,506.00	1,761.00	1,955.00	2,130.00	2,200.00	2,417.00	2,652.00
41	701.00	1,166.00	1,535.00	1,794.00	1,992.00	2,171.00	2,241.00	2,462.00	2,701.00
42	714.00	1,189.00	1,564.00	1,829.00	2,030.00	2,212.00	2,284.00	2,510.00	2,753.00
43	728.00	1,212.00	1,595.00	1,865.00	2,070.00	2,256.00	2,329.00	2,559.00	2,807.00
44	742.00	1,236.00	1,626.00	1,902.00	2,111.00	2,301.00	2,375.00	2,610.00	2,863.00
45	756.00	1,261.00	1,660.00	1,941.00	2,154.00	2,347.00	2,424.00	2,663.00	2,921.00
46	772.00	1,287.00	1,694.00	1,981.00	2,199.00	2,396.00	2,474.00	2,718.00	2,981.00
47	788.00	1,314.00	1,730.00	2,023.00	2,246.00	2,447.00	2,527.00	2,776.00	3,044.00
48	804.00	1,343.00	1,768.00	2,067.00	2,294.00	2,500.00	2,581.00	2,836.00	3,110.00
49	822.00	1,372.00	1,807.00	2,114.00	2,346.00	2,556.00	2,639.00	2,899.00	3,179.00
50	830.00	1,392.00	1,836.00	2,149.00	2,386.00	2,600.00	2,685.00	2,950.00	3,236.00
51	849.00	1,425.00	1,879.00	2,199.00	2,442.00	2,661.00	2,747.00	3,019.00	3,311.00
52	869.00	1,459.00	1,924.00	2,252.00	2,500.00	2,725.00	2,813.00	3,091.00	3,390.00
53	890.00	1,494.00	1,972.00	2,307.00	2,561.00	2,791.00	2,882.00	3,166.00	3,472.00
54	912.00	1,532.00	2,021.00	2,365.00	2,626.00	2,861.00	2,954.00	3,245.00	3,559.00
55	926.00	1,557.00	2,055.00	2,404.00	2,668.00	2,907.00	3,001.00	3,297.00	3,615.00
56	950.00	1,598.00	2,109.00	2,467.00	2,738.00	2,984.00	3,080.00	3,383.00	3,709.00
57	976.00	1,641.00	2,166.00	2,534.00	2,812.00	3,064.00	3,162.00	3,473.00	3,808.00
58	1,002.00	1,686.00	2,226.00	2,604.00	2,889.00	3,148.00	3,249.00	3,568.00	3,911.00
59	1,030.00	1,734.00	2,289.00	2,677.00	2,971.00	3,236.00	3,339.00	3,668.00	4,020.00
60	1,050.00	1,768.00	2,333.00	2,729.00	3,028.00	3,298.00	3,403.00	3,737.00	4,095.00
61	1,080.00	1,820.00	2,402.00	2,809.00	3,117.00	3,394.00	3,502.00	3,846.00	4,214.00
62	1,112.00	1,874.00	2,474.00	2,894.00	3,211.00	3,496.00	3,607.00	3,961.00	4,339.00
63	1,162.00	1,960.00	2,588.00	3,028.00	3,359.00	3,658.00	3,774.00	4,145.00	4,541.00
64	1,215.00	2,052.00	2,711.00	3,172.00	3,519.00	3,832.00	3,954.00	4,343.00	4,758.00
65	1,286.00	2,174.00	2,873.00	3,361.00	3,730.00	4,061.00	4,190.00	4,601.00	5,040.00
66	1,348.00	2,280.00	3,015.00	3,528.00	3,915.00	4,263.00	4,398.00	4,830.00	5,292.00
67	1,414.00	2,395.00	3,167.00	3,707.00	4,114.00	4,480.00	4,622.00	5,076.00	5,561.00
68	1,498.00	2,539.00	3,359.00	3,933.00	4,364.00	4,753.00	4,903.00	5,386.00	5,901.00
69	1,588.00	2,695.00	3,567.00	4,176.00	4,635.00	5,047.00	5,207.00	5,720.00	6,268.00
70	1,626.00	2,758.00	3,648.00	4,268.00	4,735.00	5,154.00	5,316.00	5,837.00	6,392.00
71	1,726.00	2,929.00	3,875.00	4,535.00	5,031.00	5,476.00	5,648.00	6,202.00	6,791.00
72	1,833.00	3,114.00	4,121.00	4,822.00	5,349.00	5,822.00	6,005.00	6,594.00	7,221.00
73	1,930.00	3,282.00	4,343.00	5,082.00	5,637.00	6,135.00	6,326.00	6,947.00	7,607.00
74	2,032.00	3,459.00	4,579.00	5,358.00	5,942.00	6,465.00	6,667.00	7,321.00	8,014.00
75	2,150.00	3,645.00	4,815.00	5,627.00	6,234.00	6,777.00	6,986.00	7,662.00	8,376.00
76	2,260.00	3,835.00	5,067.00	5,921.00	6,558.00	7,127.00	7,346.00	8,056.00	8,805.00
77	2,374.00	4,032.00	5,329.00	6,226.00	6,895.00	7,492.00	7,721.00	8,465.00	9,250.00
78	2,532.00	4,308.00	5,698.00	6,659.00	7,374.00	8,013.00	8,258.00	9,053.00	9,892.00
79	2,703.00	4,607.00	6,098.00	7,128.00	7,895.00	8,577.00	8,840.00	9,691.00	10,587.00
80	2,887.00	4,931.00	6,531.00	7,636.00	8,457.00	9,187.00	9,468.00	NA	NA
81	3,088.00	5,284.00	7,005.00	8,192.00	9,073.00	9,856.00	10,157.00	NA	NA
82	3,302.00	5,663.00	7,513.00	8,788.00	9,733.00	10,572.00	10,894.00	NA	NA
83	3,528.00	6,064.00	8,051.00	9,419.00	10,431.00	11,329.00	11,673.00	NA	NA
84	3,766.00	6,486.00	8,618.00	10,084.00	11,167.00	12,126.00	12,492.00	NA	NA
85	4,010.00	6,921.00	9,202.00	10,768.00	11,923.00	12,943.00	13,333.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Compound - 2X Max
Form # FC-CMP2X-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	146.00	208.00	257.00	292.00	318.00	343.00	352.00	383.00	418.00
30	152.00	218.00	269.00	306.00	334.00	360.00	370.00	403.00	439.00
31	158.00	227.00	282.00	321.00	351.00	379.00	389.00	424.00	462.00
32	164.00	238.00	296.00	337.00	369.00	398.00	409.00	446.00	487.00
33	171.00	249.00	311.00	355.00	388.00	419.00	430.00	470.00	513.00
34	178.00	261.00	327.00	373.00	408.00	441.00	453.00	495.00	540.00
35	186.00	274.00	343.00	392.00	430.00	464.00	477.00	521.00	570.00
36	194.00	287.00	361.00	413.00	453.00	489.00	502.00	550.00	601.00
37	202.00	302.00	380.00	435.00	477.00	516.00	530.00	580.00	634.00
38	211.00	317.00	400.00	459.00	503.00	544.00	559.00	612.00	669.00
39	221.00	333.00	422.00	484.00	531.00	574.00	590.00	646.00	707.00
40	230.00	348.00	441.00	506.00	556.00	602.00	618.00	677.00	741.00
41	241.00	367.00	465.00	534.00	587.00	635.00	653.00	715.00	783.00
42	253.00	386.00	491.00	564.00	620.00	672.00	690.00	756.00	828.00
43	265.00	407.00	519.00	597.00	656.00	710.00	730.00	800.00	876.00
44	279.00	430.00	548.00	631.00	694.00	752.00	772.00	847.00	928.00
45	293.00	454.00	580.00	668.00	734.00	796.00	817.00	897.00	983.00
46	309.00	480.00	614.00	707.00	778.00	843.00	866.00	951.00	1,041.00
47	325.00	507.00	650.00	749.00	824.00	894.00	918.00	1,008.00	1,104.00
48	343.00	537.00	688.00	794.00	874.00	948.00	974.00	1,069.00	1,172.00
49	362.00	568.00	730.00	842.00	927.00	1,005.00	1,033.00	1,135.00	1,243.00
50	372.00	591.00	763.00	882.00	972.00	1,055.00	1,084.00	1,192.00	1,307.00
51	393.00	627.00	810.00	937.00	1,032.00	1,121.00	1,152.00	1,266.00	1,389.00
52	416.00	666.00	860.00	995.00	1,097.00	1,191.00	1,224.00	1,346.00	1,476.00
53	441.00	707.00	914.00	1,058.00	1,167.00	1,266.00	1,301.00	1,431.00	1,569.00
54	467.00	751.00	972.00	1,125.00	1,241.00	1,347.00	1,384.00	1,522.00	1,669.00
55	491.00	792.00	1,025.00	1,187.00	1,309.00	1,421.00	1,460.00	1,605.00	1,760.00
56	521.00	842.00	1,091.00	1,263.00	1,393.00	1,512.00	1,554.00	1,709.00	1,873.00
57	553.00	896.00	1,162.00	1,346.00	1,484.00	1,611.00	1,655.00	1,820.00	1,995.00
58	587.00	954.00	1,238.00	1,434.00	1,581.00	1,716.00	1,763.00	1,939.00	2,125.00
59	624.00	1,016.00	1,319.00	1,528.00	1,686.00	1,830.00	1,880.00	2,067.00	2,266.00
60	658.00	1,073.00	1,394.00	1,615.00	1,781.00	1,934.00	1,986.00	2,184.00	2,394.00
61	699.00	1,143.00	1,486.00	1,723.00	1,900.00	2,063.00	2,119.00	2,330.00	2,554.00
62	744.00	1,218.00	1,586.00	1,838.00	2,028.00	2,202.00	2,262.00	2,487.00	2,726.00
63	805.00	1,323.00	1,724.00	2,000.00	2,207.00	2,397.00	2,463.00	2,708.00	2,969.00
64	871.00	1,436.00	1,874.00	2,176.00	2,403.00	2,610.00	2,682.00	2,950.00	3,235.00
65	953.00	1,575.00	2,057.00	2,390.00	2,640.00	2,868.00	2,948.00	3,243.00	3,556.00
66	1,031.00	1,710.00	2,236.00	2,600.00	2,873.00	3,122.00	3,210.00	3,531.00	3,873.00
67	1,117.00	1,856.00	2,430.00	2,827.00	3,126.00	3,398.00	3,494.00	3,844.00	4,217.00
68	1,221.00	2,035.00	2,668.00	3,106.00	3,435.00	3,734.00	3,841.00	4,227.00	4,637.00
69	1,335.00	2,230.00	2,927.00	3,409.00	3,772.00	4,102.00	4,219.00	4,644.00	5,096.00
70	1,403.00	2,347.00	3,081.00	3,588.00	3,969.00	4,315.00	4,440.00	4,885.00	5,357.00
71	1,530.00	2,565.00	3,371.00	3,927.00	4,346.00	4,726.00	4,863.00	5,351.00	5,869.00
72	1,666.00	2,800.00	3,684.00	4,294.00	4,753.00	5,170.00	5,320.00	5,855.00	6,422.00
73	1,793.00	3,021.00	3,979.00	4,640.00	5,137.00	5,587.00	5,751.00	6,329.00	6,941.00
74	1,927.00	3,254.00	4,289.00	5,004.00	5,541.00	6,027.00	6,204.00	6,827.00	7,487.00
75	2,074.00	3,491.00	4,595.00	5,356.00	5,927.00	6,441.00	6,631.00	7,287.00	7,982.00
76	2,215.00	3,736.00	4,922.00	5,740.00	6,352.00	6,903.00	7,106.00	7,809.00	8,552.00
77	2,360.00	3,990.00	5,260.00	6,136.00	6,790.00	7,378.00	7,597.00	8,346.00	9,137.00
78	2,507.00	4,265.00	5,641.00	6,592.00	7,300.00	7,933.00	8,175.00	8,962.00	9,793.00
79	2,676.00	4,561.00	6,037.00	7,057.00	7,816.00	8,491.00	8,752.00	9,594.00	10,481.00
80	2,858.00	4,882.00	6,466.00	7,560.00	8,372.00	9,095.00	9,373.00	NA	NA
81	3,057.00	5,231.00	6,935.00	8,110.00	8,982.00	9,757.00	10,055.00	NA	NA
82	3,269.00	5,606.00	7,438.00	8,700.00	9,636.00	10,466.00	10,785.00	NA	NA
83	3,493.00	6,003.00	7,970.00	9,325.00	10,327.00	11,216.00	11,556.00	NA	NA
84	3,728.00	6,421.00	8,532.00	9,983.00	11,055.00	12,005.00	12,367.00	NA	NA
85	3,970.00	6,852.00	9,110.00	10,660.00	11,804.00	12,814.00	13,200.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Compound No Max
Form # FC-CMP-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	254.00	393.00	503.00	581.00	640.00	695.00	715.00	783.00	857.00
30	261.00	405.00	519.00	600.00	661.00	717.00	738.00	809.00	885.00
31	268.00	418.00	536.00	619.00	682.00	740.00	762.00	835.00	914.00
32	276.00	431.00	553.00	639.00	704.00	764.00	787.00	862.00	944.00
33	284.00	444.00	571.00	660.00	727.00	789.00	813.00	891.00	975.00
34	292.00	458.00	589.00	681.00	751.00	816.00	840.00	921.00	1,008.00
35	301.00	473.00	608.00	704.00	776.00	843.00	868.00	951.00	1,042.00
36	310.00	488.00	628.00	727.00	802.00	871.00	897.00	984.00	1,077.00
37	319.00	504.00	649.00	752.00	830.00	901.00	928.00	1,017.00	1,114.00
38	329.00	520.00	671.00	777.00	858.00	932.00	959.00	1,052.00	1,152.00
39	339.00	538.00	694.00	804.00	887.00	964.00	992.00	1,089.00	1,192.00
40	347.00	551.00	712.00	825.00	910.00	989.00	1,018.00	1,117.00	1,223.00
41	358.00	570.00	737.00	854.00	942.00	1,024.00	1,054.00	1,156.00	1,266.00
42	370.00	589.00	762.00	884.00	976.00	1,060.00	1,091.00	1,197.00	1,311.00
43	382.00	610.00	790.00	915.00	1,011.00	1,098.00	1,131.00	1,241.00	1,359.00
44	395.00	632.00	818.00	949.00	1,048.00	1,138.00	1,172.00	1,286.00	1,408.00
45	408.00	654.00	848.00	983.00	1,086.00	1,180.00	1,215.00	1,333.00	1,460.00
46	422.00	678.00	879.00	1,020.00	1,126.00	1,224.00	1,260.00	1,383.00	1,515.00
47	437.00	703.00	912.00	1,058.00	1,169.00	1,270.00	1,308.00	1,435.00	1,572.00
48	453.00	729.00	946.00	1,098.00	1,213.00	1,318.00	1,358.00	1,490.00	1,632.00
49	469.00	757.00	983.00	1,141.00	1,260.00	1,369.00	1,410.00	1,548.00	1,695.00
50	476.00	775.00	1,009.00	1,173.00	1,297.00	1,410.00	1,452.00	1,595.00	1,747.00
51	494.00	805.00	1,049.00	1,220.00	1,349.00	1,466.00	1,510.00	1,658.00	1,817.00
52	513.00	837.00	1,092.00	1,269.00	1,403.00	1,525.00	1,571.00	1,725.00	1,890.00
53	533.00	871.00	1,136.00	1,321.00	1,461.00	1,588.00	1,635.00	1,795.00	1,967.00
54	554.00	907.00	1,183.00	1,376.00	1,521.00	1,653.00	1,702.00	1,870.00	2,048.00
55	571.00	936.00	1,222.00	1,420.00	1,570.00	1,707.00	1,757.00	1,930.00	2,114.00
56	595.00	975.00	1,273.00	1,481.00	1,637.00	1,779.00	1,832.00	2,011.00	2,203.00
57	619.00	1,017.00	1,328.00	1,544.00	1,707.00	1,855.00	1,910.00	2,098.00	2,297.00
58	645.00	1,061.00	1,386.00	1,612.00	1,782.00	1,936.00	1,993.00	2,188.00	2,396.00
59	672.00	1,107.00	1,447.00	1,683.00	1,860.00	2,021.00	2,080.00	2,284.00	2,501.00
60	695.00	1,146.00	1,498.00	1,742.00	1,925.00	2,092.00	2,153.00	2,363.00	2,587.00
61	726.00	1,197.00	1,565.00	1,820.00	2,012.00	2,186.00	2,249.00	2,469.00	2,703.00
62	758.00	1,252.00	1,636.00	1,903.00	2,104.00	2,285.00	2,352.00	2,581.00	2,825.00
63	804.00	1,330.00	1,740.00	2,025.00	2,238.00	2,431.00	2,502.00	2,747.00	3,007.00
64	854.00	1,415.00	1,853.00	2,156.00	2,384.00	2,589.00	2,665.00	2,926.00	3,203.00
65	916.00	1,522.00	1,994.00	2,321.00	2,566.00	2,788.00	2,869.00	3,149.00	3,447.00
66	975.00	1,622.00	2,126.00	2,475.00	2,737.00	2,973.00	3,060.00	3,360.00	3,677.00
67	1,038.00	1,729.00	2,269.00	2,642.00	2,921.00	3,174.00	3,266.00	3,587.00	3,926.00
68	1,116.00	1,863.00	2,446.00	2,848.00	3,150.00	3,423.00	3,522.00	3,869.00	4,235.00
69	1,201.00	2,009.00	2,638.00	3,073.00	3,399.00	3,693.00	3,800.00	4,175.00	4,570.00
70	1,246.00	2,084.00	2,736.00	3,185.00	3,522.00	3,825.00	3,935.00	4,320.00	4,727.00
71	1,342.00	2,247.00	2,951.00	3,436.00	3,799.00	4,126.00	4,244.00	4,660.00	5,099.00
72	1,445.00	2,423.00	3,184.00	3,708.00	4,099.00	4,452.00	4,579.00	5,028.00	5,502.00
73	1,541.00	2,588.00	3,402.00	3,961.00	4,379.00	4,755.00	4,891.00	5,371.00	5,875.00
74	1,644.00	2,764.00	3,634.00	4,232.00	4,678.00	5,079.00	5,223.00	5,735.00	6,273.00
75	1,763.00	2,950.00	3,869.00	4,500.00	4,969.00	5,389.00	5,541.00	6,076.00	6,637.00
76	1,874.00	3,141.00	4,122.00	4,793.00	5,291.00	5,738.00	5,899.00	6,468.00	7,064.00
77	1,992.00	3,343.00	4,387.00	5,101.00	5,630.00	6,104.00	6,274.00	6,879.00	7,510.00
78	2,150.00	3,616.00	4,751.00	5,525.00	6,099.00	6,612.00	6,796.00	7,451.00	8,134.00
79	2,322.00	3,915.00	5,147.00	5,988.00	6,610.00	7,165.00	7,365.00	8,074.00	8,814.00
80	2,508.00	4,239.00	5,578.00	6,491.00	7,165.00	7,767.00	7,983.00	NA	NA
81	2,712.00	4,595.00	6,053.00	7,045.00	7,777.00	8,429.00	8,664.00	NA	NA
82	2,932.00	4,979.00	6,564.00	7,642.00	8,436.00	9,143.00	9,396.00	NA	NA
83	3,164.00	5,388.00	7,109.00	8,278.00	9,138.00	9,902.00	10,176.00	NA	NA
84	3,411.00	5,821.00	7,687.00	8,953.00	9,882.00	10,706.00	11,001.00	NA	NA
85	3,665.00	6,270.00	8,286.00	9,651.00	10,651.00	11,536.00	11,852.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Compound - 2X Max
Form # FC-CMP2X-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	145.00	206.00	254.00	288.00	314.00	338.00	347.00	378.00	412.00
30	151.00	215.00	266.00	302.00	330.00	355.00	365.00	397.00	433.00
31	156.00	225.00	279.00	317.00	346.00	373.00	383.00	418.00	456.00
32	163.00	235.00	293.00	333.00	364.00	393.00	403.00	440.00	479.00
33	169.00	246.00	307.00	350.00	383.00	413.00	424.00	463.00	505.00
34	176.00	258.00	322.00	368.00	402.00	434.00	446.00	487.00	532.00
35	184.00	270.00	339.00	387.00	423.00	457.00	469.00	513.00	560.00
36	191.00	284.00	356.00	407.00	446.00	482.00	494.00	541.00	591.00
37	200.00	298.00	375.00	428.00	470.00	508.00	521.00	570.00	623.00
38	209.00	313.00	394.00	451.00	495.00	535.00	550.00	602.00	658.00
39	218.00	329.00	415.00	476.00	522.00	565.00	580.00	635.00	694.00
40	227.00	343.00	434.00	498.00	546.00	591.00	607.00	665.00	727.00
41	238.00	361.00	457.00	525.00	576.00	624.00	641.00	702.00	768.00
42	249.00	380.00	483.00	554.00	609.00	659.00	677.00	742.00	811.00
43	261.00	400.00	509.00	585.00	643.00	696.00	715.00	784.00	858.00
44	274.00	422.00	538.00	618.00	680.00	736.00	756.00	829.00	907.00
45	288.00	445.00	568.00	654.00	719.00	779.00	800.00	877.00	960.00
46	303.00	470.00	601.00	692.00	760.00	824.00	846.00	928.00	1,017.00
47	319.00	497.00	635.00	732.00	805.00	872.00	896.00	983.00	1,077.00
48	336.00	525.00	672.00	775.00	853.00	924.00	949.00	1,042.00	1,141.00
49	354.00	555.00	712.00	821.00	904.00	979.00	1,006.00	1,104.00	1,210.00
50	363.00	577.00	743.00	859.00	946.00	1,027.00	1,055.00	1,159.00	1,270.00
51	383.00	611.00	788.00	911.00	1,004.00	1,089.00	1,119.00	1,230.00	1,348.00
52	405.00	647.00	836.00	967.00	1,065.00	1,156.00	1,188.00	1,306.00	1,431.00
53	428.00	686.00	887.00	1,026.00	1,131.00	1,228.00	1,262.00	1,386.00	1,520.00
54	452.00	728.00	942.00	1,090.00	1,202.00	1,304.00	1,340.00	1,473.00	1,614.00
55	475.00	765.00	991.00	1,147.00	1,265.00	1,373.00	1,411.00	1,550.00	1,699.00
56	502.00	811.00	1,052.00	1,218.00	1,343.00	1,458.00	1,499.00	1,647.00	1,805.00
57	531.00	861.00	1,117.00	1,293.00	1,427.00	1,549.00	1,592.00	1,750.00	1,918.00
58	562.00	913.00	1,185.00	1,374.00	1,516.00	1,645.00	1,691.00	1,858.00	2,037.00
59	595.00	968.00	1,258.00	1,459.00	1,610.00	1,747.00	1,796.00	1,974.00	2,163.00
60	624.00	1,018.00	1,323.00	1,535.00	1,694.00	1,839.00	1,890.00	2,077.00	2,275.00
61	660.00	1,079.00	1,404.00	1,629.00	1,798.00	1,952.00	2,006.00	2,205.00	2,415.00
62	698.00	1,144.00	1,490.00	1,729.00	1,908.00	2,072.00	2,129.00	2,340.00	2,563.00
63	750.00	1,233.00	1,608.00	1,866.00	2,061.00	2,238.00	2,301.00	2,528.00	2,770.00
64	806.00	1,329.00	1,734.00	2,015.00	2,226.00	2,417.00	2,485.00	2,732.00	2,993.00
65	874.00	1,445.00	1,889.00	2,195.00	2,425.00	2,634.00	2,709.00	2,977.00	3,261.00
66	938.00	1,555.00	2,035.00	2,366.00	2,615.00	2,841.00	2,922.00	3,211.00	3,517.00
67	1,007.00	1,673.00	2,191.00	2,549.00	2,818.00	3,062.00	3,149.00	3,461.00	3,791.00
68	1,091.00	1,816.00	2,381.00	2,771.00	3,064.00	3,329.00	3,425.00	3,764.00	4,123.00
69	1,181.00	1,971.00	2,586.00	3,010.00	3,329.00	3,617.00	3,721.00	4,090.00	4,480.00
70	1,230.00	2,054.00	2,695.00	3,137.00	3,468.00	3,766.00	3,874.00	4,256.00	4,659.00
71	1,329.00	2,223.00	2,919.00	3,398.00	3,756.00	4,080.00	4,197.00	4,610.00	5,047.00
72	1,435.00	2,405.00	3,159.00	3,679.00	4,067.00	4,417.00	4,543.00	4,990.00	5,462.00
73	1,534.00	2,575.00	3,383.00	3,940.00	4,355.00	4,729.00	4,864.00	5,343.00	5,847.00
74	1,638.00	2,754.00	3,621.00	4,216.00	4,660.00	5,060.00	5,204.00	5,715.00	6,253.00
75	1,759.00	2,943.00	3,860.00	4,489.00	4,956.00	5,376.00	5,528.00	6,063.00	6,624.00
76	1,872.00	3,137.00	4,116.00	4,786.00	5,283.00	5,729.00	5,890.00	6,459.00	7,055.00
77	1,990.00	3,339.00	4,383.00	5,096.00	5,625.00	6,098.00	6,269.00	6,873.00	7,505.00
78	2,149.00	3,614.00	4,748.00	5,522.00	6,096.00	6,608.00	6,793.00	7,447.00	8,131.00
79	2,321.00	3,913.00	5,146.00	5,986.00	6,608.00	7,164.00	7,363.00	8,073.00	8,813.00
80	2,508.00	4,238.00	5,577.00	6,490.00	7,164.00	7,766.00	7,982.00	NA	NA
81	2,712.00	4,595.00	6,052.00	7,045.00	7,777.00	8,429.00	8,663.00	NA	NA
82	2,931.00	4,979.00	6,564.00	7,642.00	8,436.00	9,143.00	9,396.00	NA	NA
83	3,164.00	5,388.00	7,109.00	8,278.00	9,138.00	9,902.00	10,176.00	NA	NA
84	3,411.00	5,821.00	7,687.00	8,953.00	9,882.00	10,706.00	11,001.00	NA	NA
85	3,665.00	6,270.00	8,286.00	9,651.00	10,651.00	11,536.00	11,852.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Simple No Max
Form # FC-SIMP-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	211.00	323.00	414.00	479.00	530.00	578.00	597.00	656.00	721.00
30	219.00	336.00	431.00	500.00	553.00	603.00	623.00	685.00	753.00
31	227.00	350.00	450.00	522.00	578.00	630.00	650.00	715.00	787.00
32	236.00	364.00	469.00	544.00	603.00	657.00	679.00	747.00	822.00
33	245.00	380.00	489.00	568.00	630.00	687.00	709.00	780.00	859.00
34	254.00	396.00	510.00	593.00	658.00	717.00	741.00	815.00	897.00
35	264.00	412.00	533.00	620.00	687.00	749.00	774.00	852.00	938.00
36	274.00	430.00	556.00	647.00	718.00	783.00	809.00	890.00	980.00
37	285.00	448.00	581.00	676.00	750.00	818.00	845.00	930.00	1,024.00
38	296.00	468.00	606.00	706.00	784.00	855.00	884.00	973.00	1,071.00
39	308.00	488.00	634.00	738.00	819.00	894.00	924.00	1,017.00	1,120.00
40	318.00	505.00	657.00	765.00	849.00	927.00	957.00	1,054.00	1,161.00
41	331.00	528.00	686.00	800.00	888.00	969.00	1,001.00	1,102.00	1,214.00
42	345.00	551.00	717.00	837.00	929.00	1,014.00	1,047.00	1,153.00	1,270.00
43	360.00	576.00	750.00	875.00	972.00	1,060.00	1,096.00	1,207.00	1,329.00
44	375.00	602.00	785.00	916.00	1,017.00	1,110.00	1,147.00	1,263.00	1,390.00
45	391.00	629.00	821.00	958.00	1,064.00	1,162.00	1,200.00	1,322.00	1,455.00
46	408.00	658.00	859.00	1,003.00	1,114.00	1,216.00	1,257.00	1,384.00	1,523.00
47	426.00	688.00	900.00	1,051.00	1,167.00	1,274.00	1,316.00	1,449.00	1,595.00
48	444.00	720.00	942.00	1,100.00	1,222.00	1,334.00	1,378.00	1,518.00	1,671.00
49	464.00	754.00	987.00	1,153.00	1,281.00	1,398.00	1,444.00	1,591.00	1,751.00
50	475.00	779.00	1,022.00	1,196.00	1,329.00	1,452.00	1,500.00	1,653.00	1,821.00
51	496.00	816.00	1,072.00	1,254.00	1,394.00	1,522.00	1,573.00	1,733.00	1,908.00
52	520.00	855.00	1,124.00	1,315.00	1,462.00	1,597.00	1,650.00	1,818.00	2,001.00
53	544.00	897.00	1,179.00	1,380.00	1,534.00	1,675.00	1,730.00	1,906.00	2,098.00
54	569.00	941.00	1,237.00	1,448.00	1,609.00	1,757.00	1,815.00	2,000.00	2,201.00
55	592.00	978.00	1,287.00	1,506.00	1,674.00	1,827.00	1,887.00	2,079.00	2,288.00
56	620.00	1,026.00	1,351.00	1,581.00	1,757.00	1,918.00	1,981.00	2,182.00	2,400.00
57	650.00	1,077.00	1,418.00	1,660.00	1,845.00	2,013.00	2,080.00	2,290.00	2,519.00
58	681.00	1,131.00	1,489.00	1,743.00	1,937.00	2,114.00	2,183.00	2,405.00	2,644.00
59	714.00	1,188.00	1,565.00	1,831.00	2,035.00	2,220.00	2,293.00	2,525.00	2,776.00
60	743.00	1,236.00	1,629.00	1,907.00	2,118.00	2,311.00	2,386.00	2,627.00	2,888.00
61	779.00	1,299.00	1,712.00	2,004.00	2,226.00	2,428.00	2,507.00	2,759.00	3,032.00
62	818.00	1,365.00	1,799.00	2,106.00	2,339.00	2,551.00	2,634.00	2,899.00	3,185.00
63	872.00	1,458.00	1,924.00	2,252.00	2,502.00	2,729.00	2,817.00	3,101.00	3,407.00
64	930.00	1,559.00	2,058.00	2,410.00	2,677.00	2,920.00	3,014.00	3,318.00	3,646.00
65	1,003.00	1,684.00	2,224.00	2,605.00	2,894.00	3,157.00	3,259.00	3,587.00	3,940.00
66	1,071.00	1,802.00	2,381.00	2,789.00	3,099.00	3,380.00	3,489.00	3,841.00	4,219.00
67	1,145.00	1,928.00	2,550.00	2,987.00	3,320.00	3,621.00	3,738.00	4,114.00	4,519.00
68	1,235.00	2,084.00	2,757.00	3,231.00	3,591.00	3,917.00	4,043.00	4,450.00	4,888.00
69	1,333.00	2,253.00	2,982.00	3,495.00	3,884.00	4,237.00	4,373.00	4,814.00	5,288.00
70	1,386.00	2,342.00	3,099.00	3,630.00	4,032.00	4,395.00	4,536.00	4,991.00	5,478.00
71	1,495.00	2,529.00	3,348.00	3,922.00	4,356.00	4,749.00	4,900.00	5,392.00	5,918.00
72	1,612.00	2,732.00	3,617.00	4,238.00	4,706.00	5,130.00	5,292.00	5,823.00	6,391.00
73	1,721.00	2,920.00	3,868.00	4,531.00	5,031.00	5,483.00	5,657.00	6,224.00	6,829.00
74	1,837.00	3,121.00	4,134.00	4,843.00	5,376.00	5,858.00	6,042.00	6,648.00	7,292.00
75	1,967.00	3,328.00	4,399.00	5,146.00	5,708.00	6,212.00	6,406.00	7,039.00	7,711.00
76	2,092.00	3,543.00	4,686.00	5,481.00	6,077.00	6,613.00	6,818.00	7,490.00	8,203.00
77	2,222.00	3,769.00	4,985.00	5,830.00	6,463.00	7,030.00	7,247.00	7,960.00	8,715.00
78	2,397.00	4,074.00	5,393.00	6,308.00	6,993.00	7,607.00	7,842.00	8,613.00	9,428.00
79	2,585.00	4,404.00	5,835.00	6,827.00	7,569.00	8,233.00	8,487.00	9,320.00	10,201.00
80	2,788.00	4,761.00	6,313.00	7,389.00	8,191.00	8,909.00	9,183.00	NA	NA
81	3,010.00	5,151.00	6,837.00	8,004.00	8,873.00	9,650.00	9,946.00	NA	NA
82	3,246.00	5,569.00	7,398.00	8,663.00	9,604.00	10,443.00	10,764.00	NA	NA
83	3,496.00	6,012.00	7,992.00	9,361.00	10,378.00	11,283.00	11,628.00	NA	NA
84	3,691.00	6,356.00	8,446.00	9,882.00	10,944.00	11,883.00	12,242.00	NA	NA
85	3,930.00	6,783.00	9,018.00	10,553.00	11,685.00	12,684.00	13,066.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Simple - 2X Max
Form # FC-SIMP2X-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	145.00	207.00	256.00	291.00	316.00	341.00	350.00	381.00	416.00
30	151.00	217.00	268.00	304.00	332.00	358.00	368.00	401.00	437.00
31	157.00	226.00	281.00	319.00	349.00	377.00	387.00	422.00	460.00
32	163.00	237.00	295.00	335.00	367.00	396.00	407.00	444.00	485.00
33	170.00	248.00	309.00	353.00	386.00	417.00	428.00	468.00	510.00
34	177.00	260.00	325.00	371.00	406.00	439.00	451.00	493.00	537.00
35	185.00	273.00	341.00	390.00	428.00	462.00	475.00	518.00	567.00
36	193.00	286.00	359.00	411.00	451.00	487.00	499.00	547.00	598.00
37	201.00	300.00	378.00	433.00	475.00	513.00	527.00	577.00	631.00
38	210.00	315.00	398.00	457.00	500.00	541.00	556.00	609.00	666.00
39	220.00	331.00	420.00	482.00	528.00	571.00	587.00	643.00	703.00
40	229.00	346.00	439.00	503.00	553.00	599.00	615.00	674.00	737.00
41	240.00	365.00	463.00	531.00	584.00	632.00	650.00	711.00	779.00
42	252.00	384.00	489.00	561.00	617.00	669.00	687.00	752.00	824.00
43	264.00	405.00	516.00	594.00	653.00	706.00	726.00	796.00	872.00
44	278.00	428.00	545.00	628.00	691.00	748.00	768.00	843.00	923.00
45	292.00	452.00	577.00	665.00	730.00	792.00	813.00	893.00	978.00
46	307.00	478.00	611.00	703.00	774.00	839.00	862.00	946.00	1,036.00
47	323.00	504.00	647.00	745.00	820.00	890.00	913.00	1,003.00	1,098.00
48	341.00	534.00	685.00	790.00	870.00	943.00	969.00	1,064.00	1,166.00
49	359.00	564.00	725.00	837.00	922.00	1,001.00	1,029.00	1,130.00	1,240.00
50	369.00	587.00	758.00	876.00	967.00	1,050.00	1,080.00	1,187.00	1,303.00
51	390.00	622.00	804.00	931.00	1,027.00	1,115.00	1,147.00	1,261.00	1,384.00
52	412.00	660.00	854.00	989.00	1,091.00	1,185.00	1,218.00	1,340.00	1,471.00
53	436.00	701.00	907.00	1,051.00	1,160.00	1,260.00	1,295.00	1,425.00	1,564.00
54	462.00	745.00	965.00	1,118.00	1,233.00	1,340.00	1,378.00	1,516.00	1,664.00
55	486.00	784.00	1,017.00	1,178.00	1,301.00	1,413.00	1,453.00	1,598.00	1,754.00
56	515.00	834.00	1,082.00	1,254.00	1,385.00	1,504.00	1,547.00	1,702.00	1,868.00
57	546.00	887.00	1,152.00	1,335.00	1,475.00	1,602.00	1,648.00	1,813.00	1,990.00
58	579.00	943.00	1,226.00	1,422.00	1,571.00	1,707.00	1,756.00	1,932.00	2,121.00
59	615.00	1,003.00	1,305.00	1,515.00	1,674.00	1,820.00	1,871.00	2,059.00	2,260.00
60	647.00	1,058.00	1,378.00	1,600.00	1,768.00	1,922.00	1,977.00	2,175.00	2,387.00
61	687.00	1,125.00	1,467.00	1,705.00	1,884.00	2,048.00	2,107.00	2,318.00	2,544.00
62	729.00	1,198.00	1,563.00	1,816.00	2,008.00	2,183.00	2,246.00	2,472.00	2,712.00
63	787.00	1,297.00	1,695.00	1,972.00	2,181.00	2,372.00	2,441.00	2,686.00	2,949.00
64	850.00	1,405.00	1,839.00	2,141.00	2,369.00	2,577.00	2,653.00	2,920.00	3,207.00
65	926.00	1,537.00	2,014.00	2,346.00	2,598.00	2,827.00	2,911.00	3,204.00	3,518.00
66	1,000.00	1,664.00	2,184.00	2,546.00	2,820.00	3,070.00	3,162.00	3,481.00	3,823.00
67	1,079.00	1,801.00	2,368.00	2,762.00	3,061.00	3,334.00	3,434.00	3,781.00	4,153.00
68	1,176.00	1,969.00	2,591.00	3,026.00	3,354.00	3,654.00	3,765.00	4,146.00	4,554.00
69	1,281.00	2,150.00	2,833.00	3,310.00	3,671.00	3,999.00	4,122.00	4,540.00	4,988.00
70	1,341.00	2,254.00	2,971.00	3,471.00	3,849.00	4,193.00	4,321.00	4,757.00	5,224.00
71	1,456.00	2,453.00	3,237.00	3,784.00	4,197.00	4,572.00	4,713.00	5,189.00	5,697.00
72	1,580.00	2,667.00	3,522.00	4,119.00	4,570.00	4,979.00	5,133.00	5,651.00	6,205.00
73	1,694.00	2,866.00	3,789.00	4,433.00	4,918.00	5,358.00	5,524.00	6,081.00	6,675.00
74	1,815.00	3,076.00	4,069.00	4,762.00	5,284.00	5,755.00	5,934.00	6,531.00	7,168.00
75	1,950.00	3,292.00	4,347.00	5,081.00	5,633.00	6,131.00	6,319.00	6,947.00	7,614.00
76	2,078.00	3,515.00	4,645.00	5,430.00	6,018.00	6,549.00	6,750.00	7,418.00	8,128.00
77	2,212.00	3,747.00	4,953.00	5,791.00	6,418.00	6,981.00	7,195.00	7,906.00	8,659.00
78	2,389.00	4,057.00	5,369.00	6,279.00	6,960.00	7,571.00	7,803.00	8,573.00	9,387.00
79	2,579.00	4,392.00	5,818.00	6,806.00	7,545.00	8,207.00	8,459.00	9,292.00	10,172.00
80	2,784.00	4,752.00	6,301.00	7,373.00	8,174.00	8,891.00	9,164.00	NA	NA
81	3,007.00	5,145.00	6,828.00	7,993.00	8,862.00	9,637.00	9,933.00	NA	NA
82	3,244.00	5,566.00	7,393.00	8,656.00	9,597.00	10,435.00	10,755.00	NA	NA
83	3,495.00	6,010.00	7,989.00	9,357.00	10,373.00	11,278.00	11,623.00	NA	NA
84	3,691.00	6,356.00	8,446.00	9,882.00	10,944.00	11,883.00	12,242.00	NA	NA
85	3,930.00	6,783.00	9,018.00	10,553.00	11,685.00	12,684.00	13,066.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Simple No Max
Form # FC-SIMP-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	167.00	245.00	307.00	352.00	386.00	418.00	430.00	470.00	514.00
30	173.00	255.00	320.00	367.00	403.00	436.00	449.00	491.00	537.00
31	179.00	265.00	334.00	383.00	421.00	455.00	469.00	513.00	561.00
32	185.00	276.00	348.00	399.00	439.00	476.00	490.00	536.00	586.00
33	192.00	287.00	363.00	417.00	459.00	497.00	512.00	560.00	613.00
34	199.00	299.00	379.00	435.00	479.00	519.00	535.00	586.00	641.00
35	206.00	311.00	395.00	455.00	501.00	543.00	559.00	612.00	671.00
36	214.00	324.00	413.00	475.00	523.00	568.00	584.00	641.00	702.00
37	222.00	338.00	431.00	497.00	547.00	594.00	611.00	670.00	734.00
38	231.00	353.00	450.00	519.00	572.00	621.00	640.00	701.00	768.00
39	240.00	369.00	471.00	543.00	599.00	650.00	669.00	734.00	805.00
40	248.00	382.00	488.00	564.00	622.00	675.00	695.00	762.00	835.00
41	258.00	399.00	511.00	590.00	651.00	707.00	728.00	798.00	875.00
42	269.00	417.00	535.00	618.00	682.00	740.00	762.00	836.00	917.00
43	280.00	436.00	560.00	647.00	714.00	776.00	799.00	877.00	961.00
44	292.00	456.00	586.00	678.00	748.00	813.00	837.00	919.00	1,007.00
45	305.00	477.00	614.00	711.00	785.00	852.00	878.00	964.00	1,057.00
46	318.00	500.00	644.00	745.00	823.00	894.00	921.00	1,011.00	1,108.00
47	332.00	523.00	675.00	782.00	863.00	938.00	966.00	1,061.00	1,163.00
48	347.00	549.00	708.00	820.00	906.00	985.00	1,014.00	1,114.00	1,221.00
49	363.00	575.00	743.00	861.00	951.00	1,034.00	1,065.00	1,170.00	1,283.00
50	369.00	593.00	769.00	893.00	988.00	1,074.00	1,107.00	1,216.00	1,335.00
51	387.00	622.00	808.00	939.00	1,038.00	1,129.00	1,163.00	1,278.00	1,403.00
52	405.00	654.00	849.00	987.00	1,091.00	1,187.00	1,223.00	1,344.00	1,475.00
53	425.00	687.00	893.00	1,038.00	1,148.00	1,249.00	1,286.00	1,414.00	1,551.00
54	446.00	722.00	940.00	1,092.00	1,208.00	1,314.00	1,353.00	1,487.00	1,632.00
55	464.00	753.00	980.00	1,139.00	1,260.00	1,370.00	1,411.00	1,551.00	1,701.00
56	488.00	792.00	1,032.00	1,200.00	1,327.00	1,443.00	1,486.00	1,633.00	1,791.00
57	512.00	834.00	1,087.00	1,263.00	1,397.00	1,519.00	1,565.00	1,719.00	1,885.00
58	538.00	878.00	1,145.00	1,331.00	1,472.00	1,601.00	1,648.00	1,811.00	1,986.00
59	566.00	925.00	1,206.00	1,403.00	1,551.00	1,687.00	1,736.00	1,908.00	2,092.00
60	590.00	966.00	1,260.00	1,465.00	1,620.00	1,762.00	1,813.00	1,993.00	2,184.00
61	621.00	1,018.00	1,329.00	1,545.00	1,709.00	1,857.00	1,912.00	2,101.00	2,302.00
62	654.00	1,073.00	1,401.00	1,630.00	1,802.00	1,959.00	2,016.00	2,215.00	2,427.00
63	699.00	1,151.00	1,504.00	1,750.00	1,936.00	2,104.00	2,166.00	2,380.00	2,607.00
64	749.00	1,235.00	1,616.00	1,881.00	2,080.00	2,262.00	2,328.00	2,558.00	2,803.00
65	810.00	1,340.00	1,754.00	2,042.00	2,259.00	2,456.00	2,527.00	2,777.00	3,043.00
66	869.00	1,440.00	1,886.00	2,197.00	2,430.00	2,642.00	2,719.00	2,988.00	3,274.00
67	932.00	1,548.00	2,029.00	2,364.00	2,615.00	2,843.00	2,926.00	3,216.00	3,524.00
68	1,010.00	1,681.00	2,206.00	2,570.00	2,844.00	3,091.00	3,182.00	3,497.00	3,832.00
69	1,095.00	1,826.00	2,398.00	2,794.00	3,092.00	3,362.00	3,460.00	3,803.00	4,167.00
70	1,144.00	1,908.00	2,505.00	2,917.00	3,227.00	3,506.00	3,608.00	3,964.00	4,341.00
71	1,240.00	2,072.00	2,721.00	3,169.00	3,505.00	3,809.00	3,919.00	4,306.00	4,715.00
72	1,343.00	2,249.00	2,955.00	3,442.00	3,807.00	4,136.00	4,256.00	4,676.00	5,120.00
73	1,441.00	2,416.00	3,176.00	3,699.00	4,091.00	4,444.00	4,572.00	5,024.00	5,500.00
74	1,545.00	2,595.00	3,412.00	3,974.00	4,394.00	4,773.00	4,909.00	5,394.00	5,904.00
75	1,666.00	2,784.00	3,652.00	4,248.00	4,692.00	5,091.00	5,235.00	5,744.00	6,279.00
76	1,780.00	2,979.00	3,909.00	4,547.00	5,021.00	5,446.00	5,600.00	6,144.00	6,714.00
77	1,899.00	3,184.00	4,180.00	4,861.00	5,366.00	5,820.00	5,983.00	6,563.00	7,170.00
78	2,059.00	3,461.00	4,547.00	5,289.00	5,840.00	6,333.00	6,510.00	7,141.00	7,801.00
79	2,233.00	3,762.00	4,947.00	5,757.00	6,356.00	6,893.00	7,086.00	7,772.00	8,489.00
80	2,421.00	4,090.00	5,383.00	6,265.00	6,918.00	7,501.00	7,710.00	NA	NA
81	2,628.00	4,450.00	5,862.00	6,825.00	7,536.00	8,170.00	8,398.00	NA	NA
82	2,850.00	4,838.00	6,379.00	7,428.00	8,202.00	8,892.00	9,139.00	NA	NA
83	3,085.00	5,252.00	6,930.00	8,071.00	8,912.00	9,659.00	9,927.00	NA	NA
84	3,334.00	5,690.00	7,514.00	8,753.00	9,663.00	10,472.00	10,760.00	NA	NA
85	3,592.00	6,143.00	8,119.00	9,459.00	10,441.00	11,311.00	11,621.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Simple - 2X Max
Form # FC-SIMP2X-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	144.00	205.00	252.00	286.00	312.00	336.00	345.00	376.00	410.00
30	150.00	214.00	264.00	300.00	328.00	353.00	362.00	395.00	431.00
31	155.00	223.00	277.00	315.00	344.00	371.00	381.00	415.00	453.00
32	161.00	233.00	290.00	330.00	361.00	390.00	400.00	437.00	477.00
33	168.00	244.00	304.00	347.00	380.00	410.00	421.00	460.00	502.00
34	175.00	256.00	319.00	365.00	399.00	431.00	443.00	484.00	528.00
35	182.00	268.00	335.00	383.00	420.00	454.00	466.00	509.00	556.00
36	190.00	281.00	352.00	403.00	442.00	478.00	490.00	537.00	586.00
37	198.00	294.00	371.00	424.00	465.00	503.00	517.00	565.00	618.00
38	207.00	309.00	390.00	447.00	490.00	530.00	545.00	596.00	652.00
39	216.00	325.00	410.00	471.00	516.00	559.00	574.00	629.00	688.00
40	224.00	339.00	429.00	492.00	540.00	585.00	601.00	658.00	720.00
41	235.00	356.00	452.00	519.00	570.00	617.00	634.00	695.00	761.00
42	246.00	375.00	476.00	547.00	602.00	652.00	670.00	734.00	804.00
43	257.00	394.00	502.00	578.00	635.00	689.00	708.00	776.00	850.00
44	270.00	416.00	530.00	610.00	671.00	728.00	748.00	821.00	899.00
45	283.00	438.00	560.00	645.00	710.00	769.00	791.00	868.00	951.00
46	297.00	462.00	591.00	681.00	750.00	814.00	837.00	918.00	1,006.00
47	312.00	487.00	624.00	720.00	793.00	861.00	885.00	972.00	1,065.00
48	328.00	514.00	660.00	762.00	839.00	911.00	937.00	1,029.00	1,128.00
49	345.00	543.00	697.00	806.00	888.00	964.00	992.00	1,089.00	1,194.00
50	353.00	562.00	726.00	841.00	928.00	1,009.00	1,038.00	1,141.00	1,252.00
51	372.00	594.00	768.00	890.00	983.00	1,068.00	1,099.00	1,209.00	1,326.00
52	392.00	628.00	813.00	943.00	1,041.00	1,132.00	1,164.00	1,280.00	1,405.00
53	413.00	664.00	861.00	998.00	1,103.00	1,199.00	1,233.00	1,356.00	1,488.00
54	435.00	702.00	911.00	1,057.00	1,168.00	1,269.00	1,306.00	1,436.00	1,576.00
55	455.00	735.00	955.00	1,109.00	1,225.00	1,332.00	1,371.00	1,507.00	1,653.00
56	480.00	777.00	1,010.00	1,173.00	1,297.00	1,410.00	1,451.00	1,595.00	1,750.00
57	506.00	821.00	1,068.00	1,241.00	1,372.00	1,491.00	1,535.00	1,688.00	1,851.00
58	533.00	868.00	1,130.00	1,313.00	1,451.00	1,578.00	1,624.00	1,785.00	1,958.00
59	562.00	916.00	1,194.00	1,388.00	1,534.00	1,668.00	1,717.00	1,887.00	2,070.00
60	587.00	959.00	1,251.00	1,454.00	1,607.00	1,747.00	1,798.00	1,977.00	2,167.00
61	618.00	1,013.00	1,321.00	1,536.00	1,698.00	1,846.00	1,900.00	2,088.00	2,289.00
62	652.00	1,069.00	1,396.00	1,623.00	1,795.00	1,950.00	2,007.00	2,206.00	2,417.00
63	698.00	1,148.00	1,500.00	1,745.00	1,930.00	2,098.00	2,159.00	2,373.00	2,600.00
64	748.00	1,233.00	1,613.00	1,877.00	2,076.00	2,257.00	2,323.00	2,553.00	2,798.00
65	809.00	1,339.00	1,752.00	2,040.00	2,256.00	2,453.00	2,524.00	2,774.00	3,040.00
66	868.00	1,439.00	1,885.00	2,195.00	2,428.00	2,640.00	2,717.00	2,986.00	3,272.00
67	931.00	1,547.00	2,029.00	2,363.00	2,614.00	2,842.00	2,925.00	3,215.00	3,522.00
68	1,010.00	1,681.00	2,205.00	2,569.00	2,843.00	3,091.00	3,181.00	3,496.00	3,831.00
69	1,095.00	1,826.00	2,398.00	2,794.00	3,092.00	3,361.00	3,459.00	3,803.00	4,167.00
70	1,144.00	1,908.00	2,505.00	2,917.00	3,226.00	3,506.00	3,608.00	3,964.00	4,341.00
71	1,239.00	2,072.00	2,720.00	3,169.00	3,505.00	3,808.00	3,919.00	4,306.00	4,715.00
72	1,343.00	2,249.00	2,955.00	3,442.00	3,807.00	4,136.00	4,255.00	4,676.00	5,120.00
73	1,441.00	2,416.00	3,176.00	3,699.00	4,091.00	4,444.00	4,572.00	5,024.00	5,500.00
74	1,545.00	2,595.00	3,412.00	3,974.00	4,394.00	4,773.00	4,909.00	5,394.00	5,904.00
75	1,666.00	2,784.00	3,652.00	4,248.00	4,692.00	5,091.00	5,235.00	5,744.00	6,279.00
76	1,780.00	2,979.00	3,909.00	4,547.00	5,021.00	5,446.00	5,600.00	6,144.00	6,714.00
77	1,899.00	3,184.00	4,180.00	4,861.00	5,366.00	5,820.00	5,983.00	6,563.00	7,170.00
78	2,059.00	3,461.00	4,547.00	5,289.00	5,840.00	6,333.00	6,510.00	7,141.00	7,801.00
79	2,233.00	3,762.00	4,947.00	5,757.00	6,356.00	6,893.00	7,086.00	7,772.00	8,489.00
80	2,421.00	4,090.00	5,383.00	6,265.00	6,918.00	7,501.00	7,710.00	NA	NA
81	2,628.00	4,450.00	5,862.00	6,825.00	7,536.00	8,170.00	8,398.00	NA	NA
82	2,850.00	4,838.00	6,379.00	7,428.00	8,202.00	8,892.00	9,139.00	NA	NA
83	3,085.00	5,252.00	6,930.00	8,071.00	8,912.00	9,659.00	9,927.00	NA	NA
84	3,334.00	5,690.00	7,514.00	8,753.00	9,663.00	10,472.00	10,760.00	NA	NA
85	3,592.00	6,143.00	8,119.00	9,459.00	10,441.00	11,311.00	11,621.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: Guaranteed Purchase Option Rider
Form # FC-GPOR-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	118.00	154.00	183.00	203.00	219.00	233.00	238.00	256.00	276.00
30	122.00	160.00	190.00	212.00	228.00	243.00	249.00	268.00	289.00
31	125.00	166.00	198.00	221.00	238.00	254.00	260.00	280.00	303.00
32	129.00	172.00	206.00	230.00	249.00	266.00	272.00	294.00	317.00
33	133.00	179.00	215.00	241.00	260.00	278.00	284.00	308.00	332.00
34	137.00	186.00	225.00	252.00	272.00	291.00	298.00	322.00	349.00
35	142.00	194.00	235.00	263.00	285.00	305.00	312.00	338.00	366.00
36	147.00	202.00	245.00	276.00	299.00	320.00	327.00	355.00	384.00
37	152.00	211.00	256.00	289.00	313.00	336.00	344.00	373.00	404.00
38	158.00	220.00	269.00	303.00	329.00	353.00	361.00	392.00	425.00
39	164.00	230.00	281.00	318.00	345.00	371.00	379.00	412.00	447.00
40	169.00	239.00	293.00	331.00	360.00	387.00	396.00	430.00	467.00
41	176.00	250.00	308.00	348.00	379.00	407.00	417.00	453.00	492.00
42	183.00	262.00	323.00	366.00	399.00	429.00	439.00	478.00	519.00
43	191.00	274.00	340.00	385.00	420.00	452.00	463.00	504.00	548.00
44	199.00	288.00	357.00	406.00	442.00	476.00	488.00	532.00	578.00
45	208.00	303.00	376.00	428.00	467.00	503.00	515.00	561.00	611.00
46	217.00	318.00	397.00	451.00	493.00	531.00	544.00	593.00	646.00
47	228.00	335.00	419.00	477.00	521.00	561.00	575.00	627.00	683.00
48	238.00	353.00	442.00	504.00	550.00	593.00	608.00	664.00	723.00
49	250.00	372.00	467.00	533.00	582.00	628.00	644.00	703.00	766.00
50	249.00	377.00	477.00	546.00	598.00	645.00	662.00	724.00	790.00
51	262.00	399.00	505.00	578.00	634.00	684.00	702.00	768.00	838.00
52	276.00	422.00	535.00	613.00	672.00	726.00	745.00	815.00	889.00
53	291.00	447.00	568.00	651.00	714.00	771.00	791.00	865.00	945.00
54	307.00	473.00	602.00	691.00	758.00	819.00	840.00	920.00	1,004.00
55	319.00	493.00	628.00	721.00	791.00	855.00	877.00	960.00	1,048.00
56	337.00	524.00	668.00	767.00	841.00	909.00	932.00	1,021.00	1,115.00
57	357.00	556.00	710.00	816.00	895.00	967.00	992.00	1,086.00	1,186.00
58	378.00	591.00	755.00	868.00	953.00	1,030.00	1,056.00	1,157.00	1,263.00
59	400.00	628.00	804.00	924.00	1,015.00	1,097.00	1,125.00	1,232.00	1,345.00
60	417.00	656.00	841.00	967.00	1,061.00	1,147.00	1,176.00	1,289.00	1,407.00
61	442.00	699.00	896.00	1,031.00	1,131.00	1,223.00	1,254.00	1,374.00	1,500.00
62	470.00	744.00	955.00	1,099.00	1,207.00	1,305.00	1,337.00	1,465.00	1,600.00
63	508.00	808.00	1,039.00	1,196.00	1,313.00	1,420.00	1,456.00	1,596.00	1,742.00
64	549.00	878.00	1,130.00	1,302.00	1,431.00	1,547.00	1,586.00	1,739.00	1,899.00
65	600.00	963.00	1,242.00	1,432.00	1,573.00	1,702.00	1,745.00	1,913.00	2,089.00
66	650.00	1,048.00	1,353.00	1,561.00	1,716.00	1,856.00	1,903.00	2,087.00	2,280.00
67	706.00	1,141.00	1,475.00	1,703.00	1,872.00	2,026.00	2,077.00	2,278.00	2,489.00
68	774.00	1,257.00	1,627.00	1,878.00	2,065.00	2,235.00	2,291.00	2,514.00	2,747.00
69	850.00	1,384.00	1,794.00	2,072.00	2,279.00	2,467.00	2,528.00	2,775.00	3,033.00
70	888.00	1,448.00	1,876.00	2,167.00	2,383.00	2,578.00	2,642.00	2,899.00	3,166.00
71	975.00	1,594.00	2,067.00	2,388.00	2,626.00	2,841.00	2,912.00	3,195.00	3,490.00
72	1,070.00	1,754.00	2,277.00	2,631.00	2,893.00	3,130.00	3,208.00	3,520.00	3,846.00
73	1,161.00	1,909.00	2,479.00	2,865.00	3,151.00	3,409.00	3,493.00	3,834.00	4,188.00
74	1,260.00	2,076.00	2,699.00	3,119.00	3,430.00	3,710.00	3,802.00	4,172.00	4,557.00
75	1,377.00	2,256.00	2,925.00	3,375.00	3,707.00	4,006.00	4,103.00	4,498.00	4,906.00
76	1,488.00	2,443.00	3,170.00	3,658.00	4,018.00	4,341.00	4,446.00	4,873.00	5,315.00
77	1,606.00	2,643.00	3,431.00	3,960.00	4,348.00	4,697.00	4,810.00	5,272.00	5,748.00
78	1,763.00	2,911.00	3,783.00	4,368.00	4,797.00	5,182.00	5,307.00	5,817.00	6,343.00
79	1,935.00	3,206.00	4,172.00	4,819.00	5,293.00	5,718.00	5,855.00	6,418.00	6,998.00
80	2,124.00	3,531.00	4,600.00	5,314.00	5,837.00	6,306.00	6,457.00	NA	NA
81	2,334.00	3,891.00	5,076.00	5,866.00	6,444.00	6,961.00	7,127.00	NA	NA
82	2,561.00	4,285.00	5,595.00	6,468.00	7,105.00	7,675.00	7,858.00	NA	NA
83	2,806.00	4,709.00	6,154.00	7,117.00	7,818.00	8,444.00	8,644.00	NA	NA
84	3,067.00	5,163.00	6,754.00	7,812.00	8,581.00	9,266.00	9,486.00	NA	NA
85	3,340.00	5,638.00	7,383.00	8,540.00	9,379.00	10,126.00	10,365.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: Combination Benefit Increase Rider
Form # FC-CBIR-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	279.00	439.00	570.00	666.00	740.00	809.00	837.00	923.00	1,019.00
30	283.00	447.00	581.00	678.00	754.00	824.00	853.00	941.00	1,039.00
31	288.00	456.00	592.00	691.00	768.00	840.00	869.00	959.00	1,059.00
32	293.00	464.00	604.00	705.00	784.00	857.00	886.00	978.00	1,080.00
33	299.00	474.00	616.00	719.00	799.00	874.00	904.00	998.00	1,102.00
34	304.00	483.00	628.00	734.00	816.00	892.00	923.00	1,018.00	1,124.00
35	310.00	493.00	642.00	749.00	833.00	911.00	943.00	1,040.00	1,148.00
36	316.00	503.00	655.00	766.00	851.00	931.00	963.00	1,062.00	1,173.00
37	323.00	514.00	670.00	783.00	870.00	952.00	984.00	1,086.00	1,199.00
38	330.00	526.00	685.00	800.00	890.00	973.00	1,007.00	1,111.00	1,226.00
39	337.00	538.00	701.00	819.00	911.00	996.00	1,030.00	1,136.00	1,254.00
40	342.00	546.00	712.00	831.00	924.00	1,011.00	1,045.00	1,153.00	1,273.00
41	349.00	559.00	729.00	852.00	947.00	1,036.00	1,071.00	1,182.00	1,304.00
42	357.00	573.00	747.00	873.00	971.00	1,062.00	1,098.00	1,211.00	1,337.00
43	366.00	587.00	767.00	896.00	996.00	1,089.00	1,126.00	1,243.00	1,371.00
44	375.00	603.00	787.00	920.00	1,023.00	1,118.00	1,156.00	1,276.00	1,408.00
45	385.00	619.00	809.00	945.00	1,051.00	1,149.00	1,188.00	1,311.00	1,446.00
46	395.00	636.00	831.00	972.00	1,081.00	1,182.00	1,222.00	1,348.00	1,487.00
47	406.00	655.00	856.00	1,000.00	1,112.00	1,216.00	1,257.00	1,387.00	1,530.00
48	417.00	674.00	881.00	1,030.00	1,146.00	1,252.00	1,295.00	1,428.00	1,575.00
49	429.00	695.00	908.00	1,062.00	1,181.00	1,291.00	1,335.00	1,472.00	1,624.00
50	432.00	705.00	926.00	1,084.00	1,206.00	1,319.00	1,364.00	1,505.00	1,661.00
51	446.00	728.00	956.00	1,120.00	1,246.00	1,362.00	1,409.00	1,555.00	1,715.00
52	460.00	753.00	988.00	1,157.00	1,288.00	1,408.00	1,456.00	1,607.00	1,772.00
53	475.00	779.00	1,023.00	1,198.00	1,333.00	1,457.00	1,506.00	1,662.00	1,833.00
54	492.00	806.00	1,059.00	1,241.00	1,380.00	1,509.00	1,560.00	1,721.00	1,898.00
55	505.00	829.00	1,089.00	1,275.00	1,418.00	1,550.00	1,602.00	1,767.00	1,948.00
56	523.00	860.00	1,130.00	1,323.00	1,471.00	1,608.00	1,662.00	1,833.00	2,021.00
57	543.00	893.00	1,173.00	1,374.00	1,528.00	1,670.00	1,726.00	1,904.00	2,098.00
58	563.00	928.00	1,220.00	1,429.00	1,589.00	1,736.00	1,794.00	1,979.00	2,180.00
59	585.00	966.00	1,270.00	1,487.00	1,654.00	1,807.00	1,866.00	2,058.00	2,268.00
60	604.00	997.00	1,311.00	1,535.00	1,707.00	1,864.00	1,926.00	2,124.00	2,339.00
61	628.00	1,037.00	1,365.00	1,598.00	1,777.00	1,941.00	2,005.00	2,210.00	2,434.00
62	652.00	1,079.00	1,421.00	1,663.00	1,849.00	2,019.00	2,086.00	2,299.00	2,532.00
63	690.00	1,143.00	1,506.00	1,763.00	1,961.00	2,141.00	2,212.00	2,438.00	2,685.00
64	729.00	1,211.00	1,595.00	1,869.00	2,078.00	2,270.00	2,344.00	2,585.00	2,846.00
65	777.00	1,293.00	1,705.00	1,998.00	2,222.00	2,427.00	2,506.00	2,764.00	3,042.00
66	820.00	1,367.00	1,804.00	2,115.00	2,352.00	2,569.00	2,653.00	2,926.00	3,221.00
67	865.00	1,445.00	1,908.00	2,236.00	2,488.00	2,717.00	2,806.00	3,094.00	3,406.00
68	921.00	1,541.00	2,036.00	2,388.00	2,656.00	2,901.00	2,995.00	3,304.00	3,637.00
69	980.00	1,642.00	2,171.00	2,545.00	2,831.00	3,092.00	3,193.00	3,521.00	3,876.00
70	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Base Annual Premiums for 100% HHC, 100% ALF, and 100% Adult Day Care Benefit
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: Daily Benefit Increase Rider
Form # FC-DBIR-AR
Comprehensive Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	117.00	177.00	235.00	288.00	337.00	383.00	428.00	470.00	539.00
30	122.00	185.00	246.00	301.00	353.00	402.00	447.00	491.00	562.00
31	126.00	193.00	257.00	315.00	369.00	421.00	468.00	513.00	586.00
32	131.00	201.00	269.00	329.00	386.00	442.00	489.00	535.00	611.00
33	136.00	210.00	281.00	344.00	405.00	463.00	511.00	558.00	638.00
34	142.00	220.00	294.00	361.00	424.00	485.00	533.00	582.00	666.00
35	147.00	230.00	308.00	378.00	445.00	508.00	557.00	607.00	697.00
36	153.00	241.00	323.00	396.00	467.00	531.00	581.00	633.00	729.00
37	159.00	253.00	338.00	416.00	489.00	555.00	607.00	661.00	763.00
38	165.00	265.00	354.00	437.00	513.00	580.00	634.00	691.00	799.00
39	172.00	278.00	372.00	459.00	537.00	606.00	662.00	723.00	837.00
40	178.00	290.00	387.00	478.00	557.00	628.00	687.00	750.00	869.00
41	185.00	305.00	406.00	503.00	583.00	656.00	719.00	786.00	911.00
42	194.00	320.00	427.00	528.00	610.00	685.00	753.00	824.00	956.00
43	202.00	336.00	449.00	554.00	638.00	717.00	790.00	864.00	1,002.00
44	212.00	353.00	473.00	582.00	667.00	751.00	829.00	907.00	1,052.00
45	222.00	371.00	498.00	609.00	698.00	787.00	870.00	952.00	1,104.00
46	233.00	390.00	524.00	639.00	732.00	825.00	914.00	1,000.00	1,159.00
47	245.00	411.00	552.00	669.00	767.00	866.00	960.00	1,050.00	1,217.00
48	258.00	432.00	582.00	701.00	805.00	910.00	1,009.00	1,104.00	1,279.00
49	271.00	455.00	612.00	735.00	846.00	957.00	1,061.00	1,161.00	1,344.00
50	276.00	468.00	632.00	758.00	876.00	993.00	1,103.00	1,207.00	1,398.00
51	291.00	494.00	664.00	796.00	922.00	1,046.00	1,161.00	1,270.00	1,470.00
52	308.00	522.00	698.00	836.00	971.00	1,101.00	1,223.00	1,337.00	1,547.00
53	326.00	551.00	734.00	880.00	1,023.00	1,160.00	1,288.00	1,408.00	1,627.00
54	345.00	583.00	771.00	926.00	1,079.00	1,223.00	1,357.00	1,483.00	1,712.00
55	362.00	611.00	803.00	967.00	1,128.00	1,278.00	1,418.00	1,549.00	1,785.00
56	383.00	646.00	844.00	1,020.00	1,190.00	1,348.00	1,495.00	1,632.00	1,878.00
57	405.00	683.00	887.00	1,076.00	1,256.00	1,422.00	1,577.00	1,720.00	1,976.00
58	429.00	721.00	934.00	1,136.00	1,326.00	1,501.00	1,663.00	1,814.00	2,079.00
59	454.00	760.00	985.00	1,200.00	1,400.00	1,585.00	1,756.00	1,913.00	2,188.00
60	477.00	794.00	1,030.00	1,256.00	1,466.00	1,659.00	1,837.00	1,999.00	2,281.00
61	505.00	837.00	1,087.00	1,328.00	1,550.00	1,753.00	1,939.00	2,108.00	2,400.00
62	535.00	882.00	1,149.00	1,405.00	1,639.00	1,853.00	2,049.00	2,224.00	2,526.00
63	576.00	946.00	1,238.00	1,514.00	1,766.00	1,996.00	2,203.00	2,389.00	2,705.00
64	621.00	1,015.00	1,334.00	1,633.00	1,904.00	2,150.00	2,370.00	2,566.00	2,898.00
65	677.00	1,101.00	1,454.00	1,780.00	2,075.00	2,341.00	2,577.00	2,786.00	3,138.00
66	733.00	1,184.00	1,570.00	1,922.00	2,240.00	2,524.00	2,774.00	2,994.00	3,363.00
67	793.00	1,276.00	1,696.00	2,077.00	2,419.00	2,722.00	2,987.00	3,219.00	3,606.00
68	868.00	1,391.00	1,854.00	2,269.00	2,642.00	2,967.00	3,250.00	3,496.00	3,906.00
69	951.00	1,518.00	2,026.00	2,480.00	2,884.00	3,234.00	3,535.00	3,797.00	4,230.00
70	1,001.00	1,592.00	2,126.00	2,602.00	3,020.00	3,380.00	3,687.00	3,953.00	4,392.00
71	1,094.00	1,738.00	2,322.00	2,841.00	3,293.00	3,678.00	4,005.00	4,286.00	4,750.00
72	1,193.00	1,897.00	2,535.00	3,102.00	3,589.00	4,000.00	4,348.00	4,645.00	5,138.00
73	1,286.00	2,049.00	2,738.00	3,348.00	3,867.00	4,303.00	4,669.00	4,980.00	5,498.00
74	1,384.00	2,211.00	2,956.00	3,612.00	4,165.00	4,625.00	5,010.00	5,335.00	5,880.00
75	1,498.00	2,385.00	3,181.00	3,878.00	4,459.00	4,940.00	5,339.00	5,675.00	6,241.00
76	1,604.00	2,564.00	3,421.00	4,167.00	4,783.00	5,288.00	5,706.00	6,056.00	6,649.00
77	1,713.00	2,752.00	3,674.00	4,471.00	5,122.00	5,653.00	6,090.00	6,455.00	7,077.00
78	1,859.00	3,005.00	4,016.00	4,881.00	5,581.00	6,149.00	6,612.00	7,000.00	7,666.00
79	2,018.00	3,281.00	4,390.00	5,328.00	6,081.00	6,688.00	7,181.00	7,592.00	8,308.00
80	2,191.00	3,581.00	4,797.00	5,815.00	6,624.00	7,273.00	7,797.00	NA	NA
81	2,383.00	3,912.00	5,247.00	6,351.00	7,222.00	7,915.00	8,473.00	NA	NA
82	2,590.00	4,270.00	5,733.00	6,929.00	7,865.00	8,606.00	9,199.00	NA	NA
83	2,812.00	4,654.00	6,253.00	7,546.00	8,550.00	9,341.00	9,971.00	NA	NA
84	3,049.00	5,063.00	6,807.00	8,202.00	9,276.00	10,120.00	10,787.00	NA	NA
85	3,295.00	5,529.00	7,383.00	8,884.00	10,028.00	10,926.00	11,629.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Assisted Living Facility / Home Health Care Benefit Options
Rate Factors to be Applied to the 100% ALF / 100% HHC Base Rates and any Riders

Maximum ALF/HHC Daily Benefit*	Factors						
	<u>1 year Plan</u>	<u>2 year Plan</u>	<u>3 year Plan</u>	<u>4 year Plan</u>	<u>5 year Plan</u>	<u>6 year Plan</u>	<u>7 years+ Plans</u>
125%ALF/125%HHC	1.04	1.06	1.07	1.08	1.09	1.10	1.11
75%ALF/75%HHC	0.96	0.95	0.93	0.91	0.90	0.89	0.89
50%ALF/50%HHC	0.92	0.87	0.83	0.80	0.79	0.77	0.77

*as a Percentage of the Nursing Home Daily Benefit

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Elimination Period Factors

Multiply the annual premium by the appropriate factor below based on the elimination period selected.

Factors						
<u>20 Day</u>	<u>30 Day</u>	<u>60 Day</u>	<u>90 day</u>	<u>100 day</u>	<u>180 day</u>	<u>365 day</u>
1.28	1.22	1.14	1.03	1.00	0.82	0.70

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Restoration of Benefits Rider
Form Number: FC-ROBR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Benefit Period	Factors								
	<u>365 days</u>	<u>730 days</u>	<u>1095 days</u>	<u>1460 days</u>	<u>1825 days</u>	<u>2190 days</u>	<u>2555 days</u>	<u>2920 days</u>	<u>3650 days</u>
	<u>1 Year</u>	<u>2 Years</u>	<u>3 Years</u>	<u>4 Years</u>	<u>5 Years</u>	<u>6 Years</u>	<u>7 Years</u>	<u>8 Years</u>	<u>10 Years</u>
	NA	1.06	1.04	1.03	1.01	1.01	1.01	1.01	1.01

MedAmerica Insurance Company

Flex Care

Form Number: FC-336-AR

Return of Premium Upon Death Rider

Form Number: FC-ROPR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

	Lifetime Payment	10 Year Payment	20 Year Payment
<u>Issue Age</u>	<u>Term</u>	<u>Term</u>	<u>Term</u>
18-29	1.12	1.02	1.02
30	1.12	1.02	1.02
31	1.12	1.02	1.02
32	1.13	1.02	1.02
33	1.13	1.02	1.02
34	1.14	1.02	1.02
35	1.14	1.02	1.02
36	1.15	1.02	1.02
37	1.16	1.02	1.02
38	1.16	1.02	1.02
39	1.17	1.02	1.02
40	1.17	1.02	1.03
41	1.18	1.02	1.03
42	1.19	1.02	1.03
43	1.19	1.02	1.04
44	1.20	1.02	1.04
45	1.21	1.02	1.05
46	1.21	1.02	1.06
47	1.22	1.02	1.06
48	1.23	1.02	1.07
49	1.23	1.02	1.08
50	1.24	1.02	1.09
51	1.25	1.02	1.10
52	1.25	1.02	1.11
53	1.26	1.02	1.13
54	1.26	1.03	1.14
55	1.27	1.03	1.16
56	1.27	1.04	1.18
57	1.27	1.04	1.20
58	1.28	1.05	1.22
59	1.28	1.05	1.24
60	1.27	1.06	1.27
61	1.27	1.06	1.31
62	1.27	1.07	1.30
63	1.26	1.08	1.29
64	1.25	1.08	1.27
65	1.24	1.09	1.26
66	1.23	1.10	1.24
67	1.21	1.11	1.22
68	1.20	1.13	1.20
69	1.17	1.14	1.18
70	1.14	1.16	1.15
71	1.12	1.18	1.13
72	1.10	1.15	1.11
73	1.09	1.12	1.09
74	1.07	1.10	1.07
75	1.06	1.07	1.06
76	N/A	N/A	N/A
77	N/A	N/A	N/A
78	N/A	N/A	N/A
79	N/A	N/A	N/A
80	N/A	N/A	N/A
81	N/A	N/A	N/A
82	N/A	N/A	N/A
83	N/A	N/A	N/A
84	N/A	N/A	N/A
85	N/A	N/A	N/A

MedAmerica Insurance Company

Flex Care

Form Number: FC-336-AR

Graded Return of Premium Upon Death Rider

Form Number: FC-GROPR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Lifetime Payment Term</u>	<u>10 Year Payment Term</u>	<u>20 Year Payment Term</u>
18-29	1.06	1.01	1.01
30	1.06	1.01	1.01
31	1.06	1.01	1.01
32	1.06	1.01	1.01
33	1.06	1.01	1.01
34	1.07	1.01	1.01
35	1.07	1.01	1.02
36	1.07	1.01	1.02
37	1.07	1.01	1.02
38	1.07	1.01	1.02
39	1.07	1.01	1.02
40	1.08	1.01	1.03
41	1.08	1.01	1.03
42	1.08	1.01	1.03
43	1.08	1.01	1.04
44	1.08	1.01	1.04
45	1.08	1.01	1.05
46	1.08	1.01	1.06
47	1.08	1.01	1.06
48	1.08	1.01	1.07
49	1.08	1.01	1.07
50	1.08	1.02	1.08
51	1.08	1.02	1.08
52	1.08	1.02	1.09
53	1.08	1.02	1.09
54	1.07	1.02	1.09
55	1.07	1.03	1.08
56	1.07	1.03	1.08
57	1.06	1.04	1.07
58	1.06	1.04	1.07
59	1.05	1.04	1.06
60	1.05	1.04	1.05
61	1.05	1.04	1.05
62	1.04	1.04	1.04
63	1.03	1.04	1.03
64	1.03	1.04	1.03
65	1.02	1.03	1.02
66	N/A	N/A	N/A
67	N/A	N/A	N/A
68	N/A	N/A	N/A
69	N/A	N/A	N/A
70	N/A	N/A	N/A
71	N/A	N/A	N/A
72	N/A	N/A	N/A
73	N/A	N/A	N/A
74	N/A	N/A	N/A
75	N/A	N/A	N/A
76	N/A	N/A	N/A
77	N/A	N/A	N/A
78	N/A	N/A	N/A
79	N/A	N/A	N/A
80	N/A	N/A	N/A
81	N/A	N/A	N/A
82	N/A	N/A	N/A
83	N/A	N/A	N/A
84	N/A	N/A	N/A
85	N/A	N/A	N/A

MedAmerica Insurance Company

Flex Care

Form Number: FC-336-AR

Non-Forfeiture Shortened Benefit Period Rider

Form Number: FC-SBPR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Factor</u>
< 60	1.15
60+	1.12

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care and
Adult Day Care
Form Number: FC-EPR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>20 Day</u>	<u>30 Day</u>	<u>60 Day</u>	<u>90 day</u>	<u>100 day</u>	<u>180 day</u>	<u>365 day</u>
N/A	N/A	1.05	1.09	1.11	1.22	1.36

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR

Survivor Benefit Rider
Form Number: FC-SVR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Payment Term</u>		
	<u>Lifetime</u>	<u>10 Year</u>	<u>20 Year</u>
< 40	1.05	N/A	1.01
40-49	1.07	N/A	1.01
50-54	1.09	N/A	1.02
55-59	1.10	N/A	1.03
60-69	1.12	N/A	1.06
70-74	1.11	N/A	1.08
75-79	1.10	N/A	1.08
80+	1.08	N/A	1.06

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Shared Waiver Rider
Form Number: FC-SWR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>All Payment Terms</u>
< 40	1.01
40-49	1.01
50-54	1.01
55-59	1.02
60-69	1.02
70-74	1.03
75-79	1.05
80+	1.06

MedAmerica Insurance Company

Flex Care

Form Number: FC-336-AR

Extended Benefit Rider

Form Number: FC-EBR-AR

The following rates are per \$100 daily benefit and are added to the base rates:

Issue Age	2 Year Extended Duration								
	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
18-29	NA	46.00	33.00	28.00	NA	NA	NA	NA	NA
30	NA	49.00	35.00	29.00	NA	NA	NA	NA	NA
31	NA	52.00	38.00	32.00	NA	NA	NA	NA	NA
32	NA	55.00	40.00	34.00	NA	NA	NA	NA	NA
33	NA	58.00	42.00	35.00	NA	NA	NA	NA	NA
34	NA	61.00	45.00	38.00	NA	NA	NA	NA	NA
35	NA	65.00	48.00	40.00	NA	NA	NA	NA	NA
36	NA	70.00	51.00	42.00	NA	NA	NA	NA	NA
37	NA	73.00	53.00	45.00	NA	NA	NA	NA	NA
38	NA	79.00	57.00	47.00	NA	NA	NA	NA	NA
39	NA	83.00	60.00	50.00	NA	NA	NA	NA	NA
40	NA	87.00	64.00	53.00	NA	NA	NA	NA	NA
41	NA	92.00	67.00	56.00	NA	NA	NA	NA	NA
42	NA	98.00	71.00	59.00	NA	NA	NA	NA	NA
43	NA	104.00	75.00	63.00	NA	NA	NA	NA	NA
44	NA	111.00	80.00	66.00	NA	NA	NA	NA	NA
45	NA	119.00	85.00	70.00	NA	NA	NA	NA	NA
46	NA	126.00	91.00	75.00	NA	NA	NA	NA	NA
47	NA	134.00	96.00	79.00	NA	NA	NA	NA	NA
48	NA	142.00	102.00	85.00	NA	NA	NA	NA	NA
49	NA	152.00	108.00	89.00	NA	NA	NA	NA	NA
50	NA	161.00	115.00	95.00	NA	NA	NA	NA	NA
51	NA	171.00	122.00	101.00	NA	NA	NA	NA	NA
52	NA	182.00	130.00	108.00	NA	NA	NA	NA	NA
53	NA	195.00	139.00	114.00	NA	NA	NA	NA	NA
54	NA	207.00	148.00	122.00	NA	NA	NA	NA	NA
55	NA	219.00	157.00	129.00	NA	NA	NA	NA	NA
56	NA	234.00	167.00	137.00	NA	NA	NA	NA	NA
57	NA	249.00	178.00	146.00	NA	NA	NA	NA	NA
58	NA	267.00	190.00	155.00	NA	NA	NA	NA	NA
59	NA	285.00	203.00	166.00	NA	NA	NA	NA	NA
60	NA	302.00	214.00	175.00	NA	NA	NA	NA	NA
61	NA	323.00	229.00	187.00	NA	NA	NA	NA	NA
62	NA	344.00	245.00	200.00	NA	NA	NA	NA	NA
63	NA	377.00	267.00	218.00	NA	NA	NA	NA	NA
64	NA	412.00	292.00	238.00	NA	NA	NA	NA	NA
65	NA	455.00	322.00	262.00	NA	NA	NA	NA	NA
66	NA	497.00	352.00	287.00	NA	NA	NA	NA	NA
67	NA	545.00	386.00	314.00	NA	NA	NA	NA	NA
68	NA	603.00	426.00	347.00	NA	NA	NA	NA	NA
69	NA	667.00	471.00	384.00	NA	NA	NA	NA	NA
70	NA	705.00	496.00	403.00	NA	NA	NA	NA	NA
71	NA	779.00	547.00	444.00	NA	NA	NA	NA	NA
72	NA	860.00	604.00	490.00	NA	NA	NA	NA	NA
73	NA	938.00	658.00	533.00	NA	NA	NA	NA	NA
74	NA	1,023.00	716.00	580.00	NA	NA	NA	NA	NA
75	NA	1,097.00	767.00	619.00	NA	NA	NA	NA	NA
76	NA	1,190.00	831.00	670.00	NA	NA	NA	NA	NA
77	NA	1,291.00	899.00	723.00	NA	NA	NA	NA	NA
78	NA	1,428.00	994.00	799.00	NA	NA	NA	NA	NA
79	NA	1,581.00	1,099.00	882.00	NA	NA	NA	NA	NA
80	NA	1,748.00	1,213.00	973.00	NA	NA	NA	NA	NA
81	NA	1,936.00	1,341.00	1,073.00	NA	NA	NA	NA	NA
82	NA	2,140.00	1,481.00	1,183.00	NA	NA	NA	NA	NA
83	NA	2,361.00	1,630.00	1,301.00	NA	NA	NA	NA	NA
84	NA	2,598.00	1,791.00	1,426.00	NA	NA	NA	NA	NA
85	NA	2,846.00	1,958.00	1,555.00	NA	NA	NA	NA	NA

MedAmerica Insurance Company

Flex Care

Form Number: FC-336-AR

Extended Benefit Rider

Form Number: FC-EBR-AR

The following rates are per \$100 daily benefit and are added to the base rates:

Issue Age	3 Year Extended Duration								
	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
18-29	NA	NA	47.00	32.00	36.00	NA	NA	NA	NA
30	NA	NA	49.00	34.00	38.00	NA	NA	NA	NA
31	NA	NA	53.00	37.00	40.00	NA	NA	NA	NA
32	NA	NA	56.00	39.00	42.00	NA	NA	NA	NA
33	NA	NA	59.00	41.00	45.00	NA	NA	NA	NA
34	NA	NA	63.00	44.00	47.00	NA	NA	NA	NA
35	NA	NA	67.00	46.00	50.00	NA	NA	NA	NA
36	NA	NA	71.00	49.00	53.00	NA	NA	NA	NA
37	NA	NA	75.00	52.00	57.00	NA	NA	NA	NA
38	NA	NA	80.00	54.00	60.00	NA	NA	NA	NA
39	NA	NA	84.00	58.00	63.00	NA	NA	NA	NA
40	NA	NA	89.00	62.00	66.00	NA	NA	NA	NA
41	NA	NA	94.00	65.00	71.00	NA	NA	NA	NA
42	NA	NA	99.00	69.00	75.00	NA	NA	NA	NA
43	NA	NA	105.00	73.00	79.00	NA	NA	NA	NA
44	NA	NA	112.00	77.00	84.00	NA	NA	NA	NA
45	NA	NA	119.00	82.00	89.00	NA	NA	NA	NA
46	NA	NA	127.00	87.00	95.00	NA	NA	NA	NA
47	NA	NA	134.00	92.00	101.00	NA	NA	NA	NA
48	NA	NA	143.00	99.00	107.00	NA	NA	NA	NA
49	NA	NA	151.00	104.00	114.00	NA	NA	NA	NA
50	NA	NA	161.00	110.00	120.00	NA	NA	NA	NA
51	NA	NA	171.00	117.00	128.00	NA	NA	NA	NA
52	NA	NA	182.00	125.00	136.00	NA	NA	NA	NA
53	NA	NA	193.00	133.00	144.00	NA	NA	NA	NA
54	NA	NA	206.00	142.00	154.00	NA	NA	NA	NA
55	NA	NA	218.00	150.00	162.00	NA	NA	NA	NA
56	NA	NA	232.00	159.00	173.00	NA	NA	NA	NA
57	NA	NA	247.00	170.00	184.00	NA	NA	NA	NA
58	NA	NA	264.00	180.00	196.00	NA	NA	NA	NA
59	NA	NA	282.00	192.00	209.00	NA	NA	NA	NA
60	NA	NA	298.00	203.00	221.00	NA	NA	NA	NA
61	NA	NA	318.00	216.00	235.00	NA	NA	NA	NA
62	NA	NA	340.00	231.00	251.00	NA	NA	NA	NA
63	NA	NA	371.00	252.00	274.00	NA	NA	NA	NA
64	NA	NA	405.00	276.00	299.00	NA	NA	NA	NA
65	NA	NA	446.00	304.00	329.00	NA	NA	NA	NA
66	NA	NA	488.00	332.00	360.00	NA	NA	NA	NA
67	NA	NA	535.00	363.00	394.00	NA	NA	NA	NA
68	NA	NA	591.00	402.00	436.00	NA	NA	NA	NA
69	NA	NA	654.00	444.00	482.00	NA	NA	NA	NA
70	NA	NA	688.00	465.00	506.00	NA	NA	NA	NA
71	NA	NA	758.00	514.00	558.00	NA	NA	NA	NA
72	NA	NA	837.00	566.00	615.00	NA	NA	NA	NA
73	NA	NA	911.00	616.00	670.00	NA	NA	NA	NA
74	NA	NA	992.00	669.00	729.00	NA	NA	NA	NA
75	NA	NA	1,061.00	714.00	776.00	NA	NA	NA	NA
76	NA	NA	1,148.00	773.00	839.00	NA	NA	NA	NA
77	NA	NA	1,241.00	834.00	905.00	NA	NA	NA	NA
78	NA	NA	1,372.00	921.00	1,000.00	NA	NA	NA	NA
79	NA	NA	1,516.00	1,016.00	1,103.00	NA	NA	NA	NA
80	NA	NA	1,673.00	1,121.00	NA	NA	NA	NA	NA
81	NA	NA	1,848.00	1,237.00	NA	NA	NA	NA	NA
82	NA	NA	2,039.00	1,363.00	NA	NA	NA	NA	NA
83	NA	NA	2,244.00	1,498.00	NA	NA	NA	NA	NA
84	NA	NA	2,463.00	1,641.00	NA	NA	NA	NA	NA
85	NA	NA	2,690.00	1,789.00	NA	NA	NA	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
TEN YEAR PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors										Combo Ben Inc Inflation	GPO Inflation	Daily Ben Inc Inflation
	No Inflation	5% Cmpd - No Max Inflation	5% Compound 2X Inflation	3% Cmpd - No Max Inflation	3% Compound 2X Inflation	5% Simple - No Max Inflation	5% Simple - 2X Max Inflation	3% Simple - No Max Inflation	3% Simple - 2X Max Inflation				
18-29	2.77	3.38	2.93	3.22	2.94	3.12	2.93	3.04	2.94	3.15	NA	2.99	
30	2.76	3.34	2.91	3.18	2.92	3.09	2.91	3.02	2.92	3.12	NA	2.97	
31	2.75	3.30	2.89	3.15	2.90	3.06	2.89	3.00	2.90	3.08	NA	2.95	
32	2.74	3.26	2.87	3.11	2.88	3.04	2.87	2.97	2.88	3.05	NA	2.93	
33	2.72	3.21	2.85	3.08	2.86	3.01	2.85	2.94	2.86	3.01	NA	2.90	
34	2.71	3.17	2.83	3.04	2.84	2.97	2.83	2.92	2.84	2.97	NA	2.88	
35	2.69	3.13	2.80	3.01	2.81	2.94	2.81	2.89	2.82	2.94	NA	2.85	
36	2.67	3.09	2.78	2.97	2.79	2.91	2.78	2.86	2.79	2.90	NA	2.83	
37	2.65	3.04	2.75	2.93	2.76	2.88	2.76	2.83	2.77	2.87	NA	2.80	
38	2.63	3.00	2.73	2.89	2.74	2.84	2.73	2.80	2.74	2.83	NA	2.77	
39	2.61	2.96	2.70	2.86	2.71	2.81	2.70	2.76	2.71	2.79	NA	2.75	
40	2.58	2.91	2.67	2.82	2.68	2.77	2.67	2.73	2.68	2.75	NA	2.72	
41	2.56	2.87	2.64	2.78	2.65	2.74	2.64	2.70	2.65	2.72	NA	2.69	
42	2.53	2.83	2.61	2.74	2.62	2.70	2.61	2.66	2.62	2.68	NA	2.65	
43	2.51	2.78	2.58	2.70	2.59	2.66	2.58	2.63	2.59	2.64	NA	2.62	
44	2.48	2.74	2.55	2.66	2.55	2.63	2.55	2.59	2.56	2.60	NA	2.59	
45	2.45	2.69	2.51	2.62	2.52	2.59	2.51	2.56	2.53	2.56	NA	2.55	
46	2.42	2.65	2.48	2.58	2.49	2.55	2.48	2.52	2.49	2.52	NA	2.52	
47	2.39	2.60	2.44	2.53	2.45	2.51	2.44	2.48	2.46	2.48	NA	2.48	
48	2.36	2.55	2.41	2.49	2.42	2.47	2.41	2.44	2.42	2.44	NA	2.44	
49	2.32	2.51	2.37	2.45	2.38	2.43	2.37	2.40	2.38	2.40	NA	2.40	
50	2.33	2.49	2.37	2.44	2.38	2.42	2.37	2.40	2.38	2.39	NA	2.40	
51	2.29	2.44	2.33	2.39	2.34	2.38	2.33	2.36	2.34	2.34	NA	2.36	
52	2.26	2.39	2.29	2.35	2.30	2.33	2.29	2.31	2.30	2.30	NA	2.32	
53	2.22	2.35	2.25	2.30	2.26	2.29	2.25	2.27	2.26	2.26	NA	2.27	
54	2.18	2.30	2.21	2.26	2.21	2.25	2.21	2.23	2.22	2.22	NA	2.23	
55	2.14	2.25	2.16	2.21	2.17	2.20	2.17	2.19	2.18	2.17	NA	2.19	
56	2.10	2.20	2.12	2.17	2.13	2.16	2.13	2.14	2.14	2.13	NA	2.15	
57	2.06	2.16	2.08	2.12	2.09	2.11	2.08	2.10	2.09	2.08	NA	2.10	
58	2.02	2.11	2.04	2.08	2.05	2.07	2.04	2.06	2.05	2.04	NA	2.06	
59	1.98	2.06	2.00	2.03	2.01	2.02	2.00	2.01	2.01	2.00	NA	2.02	
60	1.94	2.02	1.96	1.99	1.97	1.98	1.96	1.97	1.97	1.95	NA	1.98	
61	1.90	1.97	1.91	1.94	1.92	1.94	1.92	1.93	1.92	1.91	NA	1.93	
62	1.85	1.92	1.87	1.90	1.88	1.89	1.87	1.88	1.88	1.87	NA	1.89	
63	1.81	1.87	1.83	1.85	1.84	1.85	1.83	1.84	1.84	1.82	NA	1.85	
64	1.77	1.83	1.78	1.80	1.79	1.80	1.79	1.79	1.79	1.78	NA	1.80	
65	1.72	1.78	1.74	1.76	1.75	1.76	1.74	1.75	1.75	1.73	NA	1.76	
66	1.68	1.73	1.70	1.71	1.70	1.71	1.70	1.70	1.70	1.69	NA	1.71	
67	1.64	1.69	1.65	1.67	1.66	1.67	1.66	1.66	1.66	1.64	NA	1.67	
68	1.59	1.64	1.61	1.62	1.62	1.62	1.61	1.61	1.61	1.60	NA	1.63	
69	1.55	1.59	1.57	1.58	1.57	1.58	1.57	1.57	1.57	1.56	NA	1.58	
70	1.55	1.59	1.56	1.57	1.57	1.57	1.57	1.57	1.57	NA	NA	1.58	
71	1.51	1.54	1.52	1.53	1.53	1.53	1.53	1.53	1.53	NA	NA	1.54	
72	1.47	1.50	1.48	1.49	1.49	1.49	1.49	1.48	1.48	NA	NA	1.50	
73	1.43	1.46	1.45	1.45	1.45	1.45	1.45	1.45	1.45	NA	NA	1.46	
74	1.40	1.42	1.41	1.41	1.41	1.41	1.41	1.41	1.41	NA	NA	1.42	
75	1.39	1.42	1.41	1.41	1.41	1.41	1.41	1.41	1.41	NA	NA	1.42	
76	1.36	1.38	1.37	1.37	1.37	1.37	1.37	1.37	1.37	NA	NA	1.38	
77	1.33	1.35	1.34	1.34	1.34	1.34	1.34	1.34	1.34	NA	NA	1.35	
78	1.30	1.32	1.31	1.31	1.31	1.31	1.31	1.31	1.31	NA	NA	1.32	
79	1.27	1.29	1.28	1.28	1.28	1.28	1.28	1.28	1.28	NA	NA	1.29	
80	1.24	1.26	1.25	1.25	1.25	1.25	1.25	1.25	1.25	NA	NA	1.26	
81	1.22	1.23	1.23	1.23	1.23	1.23	1.23	1.22	1.22	NA	NA	1.23	
82	1.19	1.21	1.20	1.20	1.20	1.20	1.20	1.20	1.20	NA	NA	1.21	
83	1.17	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	NA	NA	1.18	
84	1.15	1.16	1.16	1.16	1.16	1.16	1.16	1.16	1.16	NA	NA	1.16	
85	1.13	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	NA	NA	1.14	

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
TWENTY YEAR PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors										Combo Ben Inc	GPO	Daily Ben Inc
	No Inflation	5% Cmpd - No Max Inflation	5% Compound 2X Inflation	3% Cmpd - No Max Inflation	3% Compound 2X Inflation	5% Simple - No Max Inflation	5% Simple - 2X Max Inflation	3% Simple - No Max Inflation	3% Simple - 2X Max Inflation				
18-29	1.62	1.88	1.68	1.80	1.68	1.76	1.68	1.73	1.68	1.77	NA	1.71	
30	1.61	1.86	1.67	1.78	1.67	1.75	1.67	1.72	1.67	1.75	NA	1.70	
31	1.60	1.84	1.65	1.76	1.66	1.73	1.65	1.70	1.66	1.73	NA	1.68	
32	1.59	1.82	1.64	1.75	1.65	1.71	1.64	1.69	1.65	1.71	NA	1.67	
33	1.58	1.79	1.63	1.73	1.63	1.69	1.63	1.67	1.63	1.69	NA	1.66	
34	1.57	1.77	1.61	1.71	1.62	1.68	1.61	1.65	1.62	1.67	NA	1.64	
35	1.56	1.75	1.60	1.69	1.60	1.66	1.60	1.64	1.61	1.65	NA	1.63	
36	1.55	1.72	1.58	1.67	1.59	1.64	1.59	1.62	1.59	1.63	NA	1.61	
37	1.53	1.70	1.57	1.65	1.57	1.62	1.57	1.60	1.58	1.61	NA	1.60	
38	1.52	1.68	1.55	1.63	1.56	1.60	1.56	1.59	1.56	1.59	NA	1.58	
39	1.51	1.65	1.54	1.61	1.54	1.59	1.54	1.57	1.54	1.57	NA	1.56	
40	1.49	1.63	1.52	1.59	1.53	1.57	1.52	1.55	1.53	1.55	NA	1.55	
41	1.48	1.61	1.50	1.57	1.51	1.55	1.51	1.53	1.51	1.53	NA	1.53	
42	1.46	1.58	1.49	1.54	1.49	1.53	1.49	1.51	1.49	1.51	NA	1.51	
43	1.45	1.56	1.47	1.52	1.47	1.51	1.47	1.49	1.48	1.49	NA	1.49	
44	1.43	1.54	1.45	1.50	1.46	1.49	1.45	1.47	1.46	1.47	NA	1.48	
45	1.42	1.51	1.43	1.48	1.44	1.47	1.44	1.46	1.44	1.45	NA	1.46	
46	1.40	1.49	1.42	1.46	1.42	1.45	1.42	1.44	1.42	1.43	NA	1.44	
47	1.38	1.47	1.40	1.44	1.40	1.43	1.40	1.42	1.40	1.41	NA	1.42	
48	1.36	1.45	1.38	1.42	1.38	1.41	1.38	1.40	1.39	1.39	NA	1.40	
49	1.35	1.42	1.36	1.40	1.37	1.39	1.36	1.38	1.37	1.37	NA	1.38	
50	1.34	1.41	1.35	1.39	1.36	1.38	1.36	1.37	1.36	1.36	NA	1.37	
51	1.33	1.39	1.34	1.37	1.34	1.36	1.34	1.35	1.34	1.34	NA	1.35	
52	1.31	1.36	1.32	1.34	1.32	1.34	1.32	1.33	1.32	1.32	NA	1.33	
53	1.29	1.34	1.30	1.32	1.30	1.32	1.30	1.31	1.30	1.30	NA	1.31	
54	1.27	1.32	1.28	1.30	1.28	1.29	1.28	1.29	1.28	1.28	NA	1.29	
55	1.25	1.30	1.26	1.28	1.26	1.27	1.26	1.27	1.27	1.26	NA	1.27	
56	1.23	1.28	1.24	1.26	1.24	1.25	1.24	1.25	1.25	1.24	NA	1.25	
57	1.22	1.25	1.22	1.24	1.23	1.23	1.22	1.23	1.23	1.22	NA	1.23	
58	1.20	1.23	1.20	1.22	1.21	1.22	1.20	1.21	1.21	1.20	NA	1.22	
59	1.18	1.21	1.19	1.20	1.19	1.20	1.19	1.19	1.19	1.19	NA	1.20	
60	1.16	1.19	1.17	1.18	1.17	1.18	1.17	1.18	1.17	1.17	NA	1.18	
61	1.15	1.17	1.15	1.16	1.15	1.16	1.15	1.16	1.16	1.15	NA	1.16	
62	1.13	1.15	1.14	1.15	1.14	1.14	1.14	1.14	1.14	1.13	NA	1.14	
63	1.11	1.14	1.12	1.13	1.12	1.13	1.12	1.12	1.12	1.12	NA	1.13	
64	1.10	1.12	1.10	1.11	1.11	1.11	1.10	1.11	1.11	1.10	NA	1.11	
65	1.08	1.10	1.09	1.10	1.09	1.09	1.09	1.09	1.09	1.09	NA	1.10	
66	1.07	1.09	1.07	1.08	1.08	1.08	1.07	1.08	1.08	1.07	NA	1.08	
67	1.06	1.07	1.06	1.07	1.06	1.06	1.06	1.06	1.06	1.06	NA	1.07	
68	1.04	1.06	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	NA	1.05	
69	1.03	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	NA	1.04	
70	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	NA	NA	1.06	
71	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	NA	NA	1.05	
72	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	NA	NA	1.04	
73	1.03	1.04	1.03	1.04	1.03	1.03	1.03	1.03	1.03	NA	NA	1.04	
74	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	NA	NA	1.03	
75	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	NA	NA	1.02	
76	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	NA	NA	1.02	
77	1.01	1.02	1.01	1.02	1.01	1.01	1.01	1.01	1.01	NA	NA	1.02	
78	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
79	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
80	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
81	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
82	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
83	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
84	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	
85	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	NA	1.01	

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR

Monthly Assisted Living Facility, Home Health Care, and Adult Day Care Benefit Rider
Form Number: FC-MBR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Benefit Period	Factors								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
	1.05	1.05	1.06	1.06	1.07	1.07	1.08	1.10	1.10

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR

Monthly Cash Benefit Rider
Form Number: FC-CASHR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Benefit Period	<u>365 days</u>	<u>730 days</u>	<u>1095 days</u>	<u>1460 days</u>	<u>1825 days</u>	<u>2190 days</u>	<u>2555 days</u>	<u>2920 days</u>	<u>3650 days</u>
Issue Age	<u>1 Year</u>	<u>2 Years</u>	<u>3 Years</u>	<u>4 Years</u>	<u>5 Years</u>	<u>6 Years</u>	<u>7 Years</u>	<u>8 Years</u>	<u>10 Years</u>
18-29	1.29	1.36	1.39	1.43	1.45	1.47	1.50	1.51	1.54
30-34	1.29	1.36	1.39	1.42	1.45	1.46	1.49	1.50	1.52
35-39	1.30	1.36	1.39	1.41	1.44	1.45	1.47	1.48	1.51
40-44	1.30	1.35	1.38	1.40	1.42	1.44	1.46	1.47	1.49
45-49	1.29	1.34	1.37	1.39	1.41	1.42	1.44	1.45	1.47
50-54	1.29	1.33	1.36	1.38	1.39	1.41	1.42	1.43	1.44
55-59	1.28	1.32	1.34	1.36	1.37	1.38	1.40	1.40	1.42
60-64	1.27	1.30	1.32	1.33	1.35	1.36	1.37	1.37	1.38
65-69	1.25	1.28	1.30	1.31	1.33	1.33	1.35	1.35	1.36
70-74	1.24	1.27	1.28	1.30	1.31	1.32	1.33	1.33	1.34
75-79	1.22	1.25	1.26	1.27	1.28	1.29	1.29	1.30	1.30
80-84	1.19	1.21	1.22	1.23	1.24	1.25	1.26	NA	NA
85	1.16	1.18	1.19	1.19	1.20	1.21	1.22	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR

Shared Extended Benefit Rider
Form Number: FC-SEBR-AR

2 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	1.28	1.18	1.11	1.07	1.05	1.02	1.02	N/A
50+	N/A	1.33	1.20	1.11	1.07	1.05	1.02	1.02	N/A

3 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	N/A	1.22	1.14	1.09	1.06	1.03	N/A	N/A
50+	N/A	N/A	1.24	1.15	1.09	1.06	1.03	N/A	N/A

4 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	N/A	N/A	1.15	1.10	1.07	N/A	N/A	N/A
50+	N/A	N/A	N/A	1.16	1.10	1.07	N/A	N/A	N/A

5 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	N/A	N/A	N/A	1.11	N/A	N/A	N/A	N/A
50+	N/A	N/A	N/A	N/A	1.11	N/A	N/A	N/A	N/A

MedAmerica Insurance Company

Flex Care

Form Number: FC-336-AR

Risk Classifications

Marital Status

Multiply the annual premium by the appropriate factor below based on marital and insured status.

<u>Marital Status</u>	<u>Factors</u>
Single	1.00
Married one insured	0.85
Married *	0.75
Married Both insured	0.70

* applies to Employer Sponsored Plans

Medical Underwriting

Underwriting rate class is determined by a point value system. Point values for each medical condition indicated from the application process are added together to determine the underwriting rate class. Multiply the annual premium by the appropriate factor below.

<u>Rate Class</u>	<u>Factors</u>
I	0.90
II	1.00

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Discounts

Employer Sponsored:	10% discount
Association:	5% or 10% discount

MedAmerica Insurance Company
Flex Care
Form Number: FC-336-AR
Modal Factors

Multiply the annual premium by the appropriate factor below based on the modal factor selected.

Payment Mode	<u>Factors</u>
Bi-Weekly	0.0415
Monthly	0.0900
Quarterly	0.2600
Semi-Annually	0.5150
Annually	1.0000

<i>SERFF Tracking Number:</i>	<i>MEAM-126885717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>47227</i>
<i>Company Tracking Number:</i>	<i>FC-336-AR</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.004 Partnership</i>
<i>Product Name:</i>	<i>FC-336-AR</i>		
<i>Project Name/Number:</i>	<i>FC-336-AR/</i>		

Attachment "FC-337-AR Rate Sheets for memorandum.xls" is not a PDF document and cannot be reproduced here.

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: None

Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	90.00	111.00	129.00	141.00	150.00	159.00	162.00	173.00	185.00
30	92.00	115.00	133.00	146.00	156.00	165.00	169.00	180.00	193.00
31	94.00	118.00	138.00	152.00	162.00	172.00	176.00	188.00	201.00
32	96.00	122.00	143.00	158.00	169.00	179.00	183.00	196.00	210.00
33	98.00	126.00	148.00	164.00	176.00	187.00	191.00	205.00	220.00
34	101.00	131.00	154.00	171.00	183.00	195.00	200.00	214.00	230.00
35	104.00	135.00	160.00	178.00	191.00	204.00	209.00	224.00	241.00
36	107.00	140.00	167.00	186.00	200.00	213.00	218.00	235.00	253.00
37	110.00	145.00	174.00	194.00	209.00	223.00	229.00	246.00	265.00
38	113.00	151.00	181.00	203.00	219.00	233.00	239.00	258.00	278.00
39	116.00	157.00	189.00	212.00	229.00	245.00	251.00	271.00	292.00
40	120.00	163.00	197.00	221.00	239.00	255.00	262.00	282.00	305.00
41	124.00	169.00	206.00	231.00	250.00	268.00	275.00	297.00	321.00
42	128.00	177.00	215.00	243.00	263.00	281.00	289.00	313.00	338.00
43	133.00	185.00	226.00	255.00	277.00	296.00	304.00	329.00	357.00
44	138.00	193.00	237.00	268.00	291.00	312.00	321.00	347.00	376.00
45	143.00	202.00	249.00	282.00	306.00	329.00	338.00	366.00	397.00
46	148.00	212.00	262.00	297.00	323.00	347.00	357.00	387.00	420.00
47	155.00	222.00	276.00	313.00	341.00	366.00	377.00	409.00	444.00
48	161.00	233.00	290.00	330.00	360.00	387.00	398.00	432.00	470.00
49	168.00	245.00	306.00	349.00	381.00	410.00	422.00	458.00	498.00
50	165.00	247.00	312.00	358.00	392.00	422.00	435.00	474.00	516.00
51	173.00	261.00	331.00	379.00	416.00	448.00	462.00	503.00	548.00
52	182.00	276.00	351.00	402.00	441.00	476.00	490.00	534.00	583.00
53	191.00	292.00	372.00	427.00	469.00	506.00	521.00	569.00	620.00
54	201.00	310.00	395.00	454.00	499.00	539.00	555.00	605.00	660.00
55	211.00	326.00	417.00	480.00	527.00	569.00	586.00	639.00	697.00
56	222.00	346.00	443.00	511.00	561.00	606.00	625.00	682.00	744.00
57	235.00	368.00	472.00	545.00	599.00	647.00	666.00	728.00	794.00
58	249.00	391.00	503.00	581.00	639.00	691.00	711.00	777.00	848.00
59	263.00	417.00	537.00	620.00	683.00	738.00	760.00	830.00	906.00
60	277.00	441.00	569.00	658.00	724.00	782.00	806.00	880.00	961.00
61	294.00	470.00	608.00	703.00	774.00	837.00	862.00	942.00	1,028.00
62	313.00	502.00	651.00	753.00	829.00	897.00	923.00	1,009.00	1,101.00
63	337.00	545.00	708.00	820.00	903.00	977.00	1,006.00	1,101.00	1,201.00
64	365.00	593.00	771.00	894.00	986.00	1,067.00	1,099.00	1,202.00	1,312.00
65	398.00	651.00	850.00	986.00	1,087.00	1,177.00	1,212.00	1,326.00	1,448.00
66	432.00	710.00	928.00	1,078.00	1,189.00	1,287.00	1,325.00	1,451.00	1,585.00
67	469.00	775.00	1,015.00	1,179.00	1,301.00	1,409.00	1,451.00	1,589.00	1,736.00
68	514.00	854.00	1,121.00	1,303.00	1,439.00	1,558.00	1,605.00	1,758.00	1,921.00
69	564.00	943.00	1,239.00	1,442.00	1,592.00	1,725.00	1,776.00	1,946.00	2,126.00
70	598.00	1,001.00	1,315.00	1,530.00	1,689.00	1,830.00	1,884.00	2,063.00	2,253.00
71	657.00	1,105.00	1,454.00	1,692.00	1,868.00	2,024.00	2,083.00	2,282.00	2,493.00
72	722.00	1,220.00	1,607.00	1,871.00	2,066.00	2,238.00	2,304.00	2,524.00	2,758.00
73	788.00	1,335.00	1,760.00	2,050.00	2,263.00	2,451.00	2,522.00	2,764.00	3,019.00
74	859.00	1,460.00	1,927.00	2,244.00	2,477.00	2,683.00	2,760.00	3,025.00	3,304.00
75	953.00	1,606.00	2,111.00	2,453.00	2,704.00	2,925.00	3,007.00	3,291.00	3,589.00
76	1,036.00	1,751.00	2,302.00	2,675.00	2,947.00	3,188.00	3,277.00	3,586.00	3,910.00
77	1,125.00	1,906.00	2,508.00	2,913.00	3,209.00	3,470.00	3,566.00	3,902.00	4,254.00
78	1,241.00	2,111.00	2,780.00	3,230.00	3,558.00	3,848.00	3,953.00	4,327.00	4,716.00
79	1,370.00	2,338.00	3,084.00	3,584.00	3,947.00	4,268.00	4,384.00	4,798.00	5,230.00
80	1,512.00	2,591.00	3,420.00	3,975.00	4,378.00	4,733.00	4,861.00	NA	NA
81	1,672.00	2,875.00	3,797.00	4,413.00	4,860.00	5,253.00	5,394.00	NA	NA
82	1,848.00	3,186.00	4,213.00	4,896.00	5,390.00	5,825.00	5,980.00	NA	NA
83	2,038.00	3,526.00	4,664.00	5,420.00	5,965.00	6,446.00	6,615.00	NA	NA
84	2,245.00	3,894.00	5,154.00	5,988.00	6,588.00	7,116.00	7,301.00	NA	NA
85	2,464.00	4,285.00	5,673.00	6,589.00	7,247.00	7,825.00	8,026.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Compound No Max
Form Number: FC-CMP-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	392.00	665.00	885.00	1,041.00	1,159.00	1,264.00	1,312.00	1,439.00	1,580.00
30	398.00	676.00	899.00	1,058.00	1,178.00	1,285.00	1,334.00	1,463.00	1,606.00
31	404.00	687.00	914.00	1,076.00	1,198.00	1,306.00	1,357.00	1,488.00	1,634.00
32	410.00	698.00	930.00	1,094.00	1,218.00	1,329.00	1,380.00	1,513.00	1,662.00
33	417.00	710.00	946.00	1,113.00	1,239.00	1,352.00	1,404.00	1,539.00	1,690.00
34	424.00	722.00	962.00	1,132.00	1,261.00	1,375.00	1,428.00	1,566.00	1,720.00
35	431.00	735.00	979.00	1,152.00	1,283.00	1,400.00	1,453.00	1,594.00	1,750.00
36	438.00	748.00	997.00	1,173.00	1,306.00	1,425.00	1,480.00	1,623.00	1,782.00
37	446.00	761.00	1,015.00	1,194.00	1,330.00	1,451.00	1,507.00	1,652.00	1,814.00
38	453.00	775.00	1,033.00	1,217.00	1,355.00	1,478.00	1,534.00	1,683.00	1,848.00
39	461.00	789.00	1,053.00	1,239.00	1,380.00	1,506.00	1,563.00	1,715.00	1,883.00
40	466.00	797.00	1,063.00	1,252.00	1,394.00	1,521.00	1,579.00	1,732.00	1,902.00
41	474.00	812.00	1,084.00	1,276.00	1,422.00	1,551.00	1,610.00	1,766.00	1,939.00
42	483.00	828.00	1,105.00	1,302.00	1,450.00	1,581.00	1,642.00	1,801.00	1,977.00
43	493.00	845.00	1,128.00	1,328.00	1,479.00	1,614.00	1,675.00	1,837.00	2,017.00
44	502.00	862.00	1,151.00	1,356.00	1,510.00	1,647.00	1,710.00	1,875.00	2,059.00
45	513.00	880.00	1,175.00	1,384.00	1,542.00	1,682.00	1,746.00	1,915.00	2,102.00
46	523.00	899.00	1,201.00	1,414.00	1,575.00	1,718.00	1,784.00	1,956.00	2,148.00
47	534.00	918.00	1,227.00	1,445.00	1,610.00	1,756.00	1,823.00	1,999.00	2,195.00
48	546.00	939.00	1,255.00	1,478.00	1,647.00	1,796.00	1,864.00	2,045.00	2,245.00
49	558.00	961.00	1,284.00	1,513.00	1,685.00	1,838.00	1,908.00	2,092.00	2,297.00
50	561.00	973.00	1,303.00	1,537.00	1,713.00	1,869.00	1,941.00	2,129.00	2,338.00
51	574.00	996.00	1,335.00	1,575.00	1,755.00	1,915.00	1,988.00	2,181.00	2,395.00
52	588.00	1,021.00	1,369.00	1,615.00	1,800.00	1,964.00	2,038.00	2,236.00	2,455.00
53	603.00	1,048.00	1,404.00	1,656.00	1,846.00	2,014.00	2,091.00	2,294.00	2,518.00
54	619.00	1,075.00	1,442.00	1,701.00	1,895.00	2,068.00	2,146.00	2,355.00	2,585.00
55	630.00	1,095.00	1,468.00	1,731.00	1,929.00	2,105.00	2,184.00	2,396.00	2,630.00
56	647.00	1,126.00	1,509.00	1,780.00	1,984.00	2,164.00	2,245.00	2,463.00	2,703.00
57	665.00	1,158.00	1,553.00	1,831.00	2,041.00	2,226.00	2,310.00	2,534.00	2,781.00
58	684.00	1,192.00	1,599.00	1,886.00	2,101.00	2,292.00	2,378.00	2,608.00	2,862.00
59	705.00	1,228.00	1,648.00	1,943.00	2,165.00	2,361.00	2,450.00	2,687.00	2,948.00
60	720.00	1,255.00	1,684.00	1,985.00	2,212.00	2,412.00	2,502.00	2,744.00	3,010.00
61	743.00	1,295.00	1,738.00	2,049.00	2,283.00	2,489.00	2,582.00	2,831.00	3,105.00
62	767.00	1,338.00	1,795.00	2,117.00	2,358.00	2,571.00	2,666.00	2,924.00	3,206.00
63	801.00	1,400.00	1,879.00	2,216.00	2,469.00	2,692.00	2,792.00	3,062.00	3,358.00
64	839.00	1,467.00	1,970.00	2,324.00	2,590.00	2,824.00	2,928.00	3,212.00	3,523.00
65	889.00	1,558.00	2,092.00	2,468.00	2,750.00	2,998.00	3,109.00	3,410.00	3,739.00
66	933.00	1,637.00	2,199.00	2,595.00	2,891.00	3,153.00	3,269.00	3,586.00	3,932.00
67	980.00	1,722.00	2,315.00	2,732.00	3,044.00	3,319.00	3,442.00	3,775.00	4,140.00
68	1,039.00	1,828.00	2,458.00	2,902.00	3,233.00	3,526.00	3,656.00	4,011.00	4,398.00
69	1,103.00	1,943.00	2,614.00	3,086.00	3,439.00	3,750.00	3,888.00	4,266.00	4,678.00
70	1,133.00	1,995.00	2,683.00	3,165.00	3,525.00	3,843.00	3,983.00	4,368.00	4,787.00
71	1,205.00	2,123.00	2,856.00	3,370.00	3,754.00	4,092.00	4,240.00	4,651.00	5,097.00
72	1,283.00	2,263.00	3,045.00	3,593.00	4,001.00	4,361.00	4,519.00	4,957.00	5,432.00
73	1,356.00	2,395.00	3,223.00	3,801.00	4,233.00	4,613.00	4,779.00	5,242.00	5,743.00
74	1,435.00	2,536.00	3,413.00	4,024.00	4,480.00	4,882.00	5,056.00	5,545.00	6,074.00
75	1,535.00	2,695.00	3,617.00	4,257.00	4,733.00	5,152.00	5,334.00	5,842.00	6,390.00
76	1,622.00	2,850.00	3,824.00	4,500.00	5,002.00	5,442.00	5,633.00	6,169.00	6,745.00
77	1,713.00	3,013.00	4,043.00	4,756.00	5,284.00	5,747.00	5,946.00	6,511.00	7,117.00
78	1,856.00	3,258.00	4,366.00	5,131.00	5,698.00	6,199.00	6,408.00	7,030.00	7,697.00
79	2,016.00	3,549.00	4,760.00	5,595.00	6,214.00	6,760.00	6,987.00	7,664.00	8,389.00
80	2,188.00	3,859.00	5,181.00	6,091.00	6,765.00	7,358.00	7,605.00	NA	NA
81	2,372.00	4,197.00	5,638.00	6,630.00	7,362.00	8,006.00	8,274.00	NA	NA
82	2,570.00	4,556.00	6,125.00	7,202.00	7,997.00	8,695.00	8,985.00	NA	NA
83	2,779.00	4,936.00	6,639.00	7,806.00	8,666.00	9,419.00	9,731.00	NA	NA
84	2,998.00	5,336.00	7,181.00	8,444.00	9,370.00	10,182.00	10,516.00	NA	NA
85	3,226.00	5,752.00	7,742.00	9,101.00	10,096.00	10,966.00	11,323.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Compound - 2X Max
Form Number: FC-CMP2X-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	108.00	147.00	178.00	200.00	217.00	233.00	239.00	259.00	281.00
30	111.00	153.00	186.00	210.00	228.00	244.00	251.00	272.00	295.00
31	115.00	159.00	195.00	220.00	239.00	256.00	264.00	286.00	310.00
32	118.00	166.00	203.00	230.00	251.00	269.00	277.00	300.00	326.00
33	122.00	173.00	213.00	241.00	263.00	283.00	291.00	316.00	344.00
34	127.00	180.00	223.00	253.00	276.00	297.00	306.00	332.00	362.00
35	131.00	188.00	234.00	266.00	291.00	313.00	322.00	350.00	381.00
36	136.00	197.00	246.00	280.00	306.00	329.00	339.00	369.00	402.00
37	142.00	206.00	258.00	294.00	322.00	347.00	358.00	389.00	424.00
38	147.00	216.00	271.00	310.00	339.00	366.00	377.00	410.00	448.00
39	153.00	227.00	285.00	326.00	357.00	386.00	398.00	433.00	473.00
40	159.00	236.00	298.00	341.00	374.00	404.00	417.00	454.00	496.00
41	166.00	248.00	314.00	360.00	395.00	427.00	440.00	480.00	524.00
42	173.00	261.00	331.00	380.00	417.00	451.00	465.00	508.00	555.00
43	181.00	275.00	349.00	402.00	441.00	477.00	492.00	537.00	587.00
44	189.00	289.00	369.00	425.00	467.00	505.00	521.00	569.00	622.00
45	198.00	305.00	390.00	449.00	494.00	535.00	552.00	603.00	660.00
46	208.00	322.00	412.00	476.00	524.00	567.00	585.00	640.00	700.00
47	218.00	340.00	437.00	505.00	556.00	602.00	621.00	679.00	743.00
48	229.00	360.00	463.00	535.00	590.00	639.00	659.00	721.00	790.00
49	241.00	381.00	491.00	568.00	626.00	679.00	701.00	767.00	840.00
50	244.00	393.00	511.00	593.00	655.00	711.00	734.00	804.00	882.00
51	258.00	417.00	543.00	631.00	697.00	757.00	781.00	857.00	939.00
52	273.00	443.00	578.00	672.00	742.00	806.00	833.00	913.00	1,001.00
53	289.00	471.00	615.00	716.00	791.00	859.00	888.00	973.00	1,068.00
54	306.00	502.00	656.00	763.00	844.00	917.00	947.00	1,039.00	1,139.00
55	322.00	530.00	693.00	808.00	893.00	970.00	1,002.00	1,099.00	1,206.00
56	342.00	565.00	740.00	863.00	954.00	1,037.00	1,071.00	1,175.00	1,288.00
57	364.00	603.00	791.00	922.00	1,020.00	1,108.00	1,145.00	1,256.00	1,377.00
58	387.00	644.00	846.00	986.00	1,092.00	1,186.00	1,225.00	1,344.00	1,474.00
59	412.00	688.00	905.00	1,056.00	1,169.00	1,270.00	1,311.00	1,439.00	1,578.00
60	436.00	729.00	960.00	1,121.00	1,241.00	1,348.00	1,392.00	1,528.00	1,675.00
61	465.00	780.00	1,029.00	1,202.00	1,331.00	1,446.00	1,493.00	1,638.00	1,797.00
62	496.00	836.00	1,103.00	1,289.00	1,428.00	1,551.00	1,602.00	1,758.00	1,928.00
63	538.00	909.00	1,202.00	1,406.00	1,558.00	1,694.00	1,749.00	1,920.00	2,107.00
64	583.00	990.00	1,311.00	1,535.00	1,702.00	1,850.00	1,911.00	2,099.00	2,304.00
65	639.00	1,090.00	1,446.00	1,693.00	1,878.00	2,043.00	2,110.00	2,318.00	2,544.00
66	694.00	1,188.00	1,578.00	1,849.00	2,052.00	2,233.00	2,307.00	2,535.00	2,782.00
67	753.00	1,295.00	1,723.00	2,020.00	2,243.00	2,441.00	2,523.00	2,773.00	3,044.00
68	826.00	1,424.00	1,898.00	2,227.00	2,474.00	2,694.00	2,784.00	3,060.00	3,360.00
69	905.00	1,567.00	2,090.00	2,455.00	2,728.00	2,971.00	3,071.00	3,377.00	3,708.00
70	957.00	1,659.00	2,214.00	2,600.00	2,888.00	3,145.00	3,251.00	3,573.00	3,922.00
71	1,048.00	1,821.00	2,433.00	2,859.00	3,178.00	3,461.00	3,578.00	3,933.00	4,317.00
72	1,146.00	1,998.00	2,673.00	3,142.00	3,493.00	3,805.00	3,935.00	4,325.00	4,748.00
73	1,241.00	2,171.00	2,906.00	3,417.00	3,799.00	4,139.00	4,280.00	4,705.00	5,164.00
74	1,343.00	2,354.00	3,154.00	3,709.00	4,124.00	4,493.00	4,646.00	5,107.00	5,604.00
75	1,465.00	2,553.00	3,413.00	4,008.00	4,452.00	4,845.00	5,009.00	5,499.00	6,026.00
76	1,575.00	2,752.00	3,681.00	4,324.00	4,802.00	5,225.00	5,401.00	5,928.00	6,495.00
77	1,690.00	2,959.00	3,960.00	4,652.00	5,166.00	5,620.00	5,809.00	6,374.00	6,981.00
78	1,838.00	3,226.00	4,323.00	5,080.00	5,642.00	6,138.00	6,345.00	6,960.00	7,621.00
79	1,996.00	3,514.00	4,713.00	5,540.00	6,152.00	6,693.00	6,918.00	7,588.00	8,306.00
80	2,166.00	3,821.00	5,130.00	6,031.00	6,698.00	7,285.00	7,530.00	NA	NA
81	2,349.00	4,155.00	5,582.00	6,564.00	7,289.00	7,927.00	8,192.00	NA	NA
82	2,545.00	4,511.00	6,064.00	7,131.00	7,918.00	8,609.00	8,896.00	NA	NA
83	2,751.00	4,887.00	6,573.00	7,729.00	8,580.00	9,326.00	9,635.00	NA	NA
84	2,968.00	5,283.00	7,110.00	8,360.00	9,277.00	10,081.00	10,412.00	NA	NA
85	3,194.00	5,695.00	7,665.00	9,011.00	9,996.00	10,857.00	11,211.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Compound No Max
Form Number: FC-CMP-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	178.00	274.00	352.00	406.00	448.00	485.00	501.00	547.00	598.00
30	182.00	282.00	362.00	419.00	462.00	500.00	518.00	565.00	617.00
31	187.00	291.00	374.00	433.00	477.00	517.00	534.00	583.00	638.00
32	192.00	300.00	386.00	446.00	492.00	534.00	552.00	603.00	659.00
33	197.00	309.00	398.00	461.00	509.00	551.00	570.00	623.00	681.00
34	203.00	318.00	411.00	476.00	525.00	570.00	589.00	644.00	704.00
35	208.00	328.00	424.00	492.00	543.00	589.00	609.00	665.00	728.00
36	214.00	338.00	438.00	508.00	561.00	609.00	630.00	688.00	753.00
37	220.00	349.00	452.00	525.00	580.00	630.00	651.00	712.00	779.00
38	227.00	361.00	468.00	543.00	600.00	651.00	674.00	737.00	807.00
39	233.00	372.00	484.00	562.00	621.00	674.00	698.00	763.00	835.00
40	239.00	382.00	496.00	577.00	638.00	692.00	716.00	783.00	857.00
41	246.00	395.00	513.00	597.00	660.00	717.00	742.00	811.00	888.00
42	254.00	408.00	531.00	618.00	684.00	743.00	769.00	841.00	921.00
43	262.00	422.00	550.00	641.00	709.00	770.00	797.00	872.00	955.00
44	270.00	437.00	570.00	664.00	735.00	798.00	826.00	904.00	990.00
45	279.00	453.00	591.00	689.00	763.00	828.00	857.00	938.00	1,027.00
46	288.00	469.00	613.00	715.00	792.00	860.00	890.00	974.00	1,067.00
47	298.00	486.00	637.00	742.00	822.00	893.00	924.00	1,012.00	1,108.00
48	309.00	505.00	661.00	771.00	854.00	928.00	960.00	1,051.00	1,152.00
49	320.00	524.00	687.00	802.00	888.00	965.00	999.00	1,093.00	1,198.00
50	321.00	534.00	703.00	823.00	912.00	992.00	1,027.00	1,125.00	1,234.00
51	333.00	555.00	732.00	856.00	950.00	1,033.00	1,070.00	1,172.00	1,285.00
52	346.00	578.00	762.00	892.00	990.00	1,076.00	1,114.00	1,221.00	1,339.00
53	360.00	602.00	795.00	930.00	1,032.00	1,122.00	1,162.00	1,273.00	1,396.00
54	374.00	627.00	829.00	970.00	1,076.00	1,171.00	1,212.00	1,328.00	1,456.00
55	386.00	649.00	857.00	1,004.00	1,114.00	1,212.00	1,254.00	1,374.00	1,506.00
56	403.00	677.00	895.00	1,049.00	1,164.00	1,266.00	1,310.00	1,436.00	1,573.00
57	420.00	707.00	936.00	1,096.00	1,216.00	1,323.00	1,369.00	1,501.00	1,645.00
58	438.00	739.00	979.00	1,147.00	1,272.00	1,384.00	1,432.00	1,570.00	1,720.00
59	457.00	773.00	1,025.00	1,200.00	1,332.00	1,449.00	1,499.00	1,643.00	1,800.00
60	474.00	803.00	1,064.00	1,246.00	1,383.00	1,504.00	1,556.00	1,705.00	1,868.00
61	496.00	841.00	1,115.00	1,306.00	1,450.00	1,576.00	1,631.00	1,787.00	1,958.00
62	519.00	882.00	1,170.00	1,371.00	1,521.00	1,654.00	1,710.00	1,875.00	2,053.00
63	550.00	938.00	1,245.00	1,460.00	1,620.00	1,762.00	1,822.00	1,997.00	2,188.00
64	585.00	999.00	1,327.00	1,557.00	1,728.00	1,879.00	1,944.00	2,131.00	2,334.00
65	628.00	1,076.00	1,432.00	1,680.00	1,865.00	2,028.00	2,097.00	2,299.00	2,518.00
66	669.00	1,149.00	1,530.00	1,795.00	1,993.00	2,168.00	2,242.00	2,458.00	2,692.00
67	714.00	1,228.00	1,637.00	1,921.00	2,133.00	2,320.00	2,400.00	2,631.00	2,882.00
68	768.00	1,325.00	1,767.00	2,075.00	2,304.00	2,507.00	2,592.00	2,843.00	3,114.00
69	827.00	1,431.00	1,910.00	2,243.00	2,491.00	2,710.00	2,802.00	3,074.00	3,367.00
70	862.00	1,491.00	1,989.00	2,334.00	2,591.00	2,818.00	2,913.00	3,194.00	3,497.00
71	929.00	1,611.00	2,151.00	2,525.00	2,803.00	3,048.00	3,151.00	3,455.00	3,782.00
72	1,004.00	1,743.00	2,328.00	2,733.00	3,034.00	3,300.00	3,410.00	3,740.00	4,094.00
73	1,075.00	1,871.00	2,499.00	2,933.00	3,256.00	3,540.00	3,658.00	4,011.00	4,391.00
74	1,152.00	2,008.00	2,683.00	3,149.00	3,494.00	3,799.00	3,924.00	4,303.00	4,709.00
75	1,251.00	2,165.00	2,883.00	3,377.00	3,742.00	4,063.00	4,195.00	4,594.00	5,020.00
76	1,338.00	2,318.00	3,087.00	3,615.00	4,005.00	4,348.00	4,488.00	4,914.00	5,368.00
77	1,430.00	2,481.00	3,305.00	3,869.00	4,284.00	4,649.00	4,797.00	5,252.00	5,735.00
78	1,551.00	2,698.00	3,596.00	4,210.00	4,661.00	5,058.00	5,218.00	5,713.00	6,237.00
79	1,685.00	2,936.00	3,916.00	4,584.00	5,075.00	5,507.00	5,680.00	6,218.00	6,788.00
80	1,831.00	3,198.00	4,267.00	4,995.00	5,529.00	5,998.00	6,185.00	NA	NA
81	1,992.00	3,488.00	4,655.00	5,450.00	6,031.00	6,541.00	6,744.00	NA	NA
82	2,167.00	3,802.00	5,078.00	5,944.00	6,576.00	7,131.00	7,349.00	NA	NA
83	2,355.00	4,141.00	5,532.00	6,474.00	7,160.00	7,762.00	7,998.00	NA	NA
84	2,557.00	4,504.00	6,019.00	7,042.00	7,785.00	8,437.00	8,691.00	NA	NA
85	2,768.00	4,885.00	6,530.00	7,637.00	8,439.00	9,142.00	9,414.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Compound - 2X Max
Form Number: FC-CMP2X-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	108.00	146.00	177.00	199.00	216.00	231.00	238.00	257.00	278.00
30	111.00	152.00	185.00	208.00	226.00	242.00	249.00	269.00	292.00
31	114.00	158.00	193.00	218.00	237.00	254.00	261.00	283.00	307.00
32	118.00	165.00	202.00	228.00	248.00	267.00	274.00	297.00	323.00
33	122.00	172.00	211.00	239.00	261.00	280.00	288.00	313.00	340.00
34	126.00	179.00	221.00	251.00	274.00	294.00	303.00	329.00	358.00
35	131.00	187.00	232.00	264.00	288.00	310.00	319.00	346.00	377.00
36	136.00	195.00	243.00	277.00	303.00	326.00	336.00	365.00	397.00
37	141.00	204.00	255.00	291.00	319.00	343.00	354.00	385.00	419.00
38	146.00	214.00	268.00	307.00	335.00	362.00	373.00	406.00	442.00
39	152.00	225.00	282.00	323.00	354.00	381.00	393.00	428.00	467.00
40	158.00	234.00	295.00	338.00	370.00	399.00	412.00	449.00	490.00
41	164.00	246.00	310.00	356.00	390.00	422.00	435.00	474.00	518.00
42	171.00	258.00	327.00	376.00	412.00	445.00	459.00	501.00	547.00
43	179.00	272.00	345.00	397.00	436.00	471.00	486.00	530.00	579.00
44	187.00	286.00	364.00	419.00	461.00	498.00	514.00	561.00	613.00
45	196.00	301.00	385.00	443.00	488.00	527.00	544.00	594.00	650.00
46	206.00	318.00	407.00	469.00	516.00	559.00	577.00	630.00	689.00
47	216.00	336.00	431.00	497.00	547.00	592.00	611.00	668.00	731.00
48	227.00	355.00	456.00	527.00	581.00	629.00	649.00	709.00	776.00
49	238.00	375.00	483.00	559.00	616.00	667.00	689.00	754.00	825.00
50	241.00	387.00	502.00	583.00	644.00	698.00	721.00	790.00	865.00
51	254.00	410.00	533.00	620.00	685.00	743.00	767.00	840.00	921.00
52	269.00	435.00	567.00	659.00	729.00	791.00	817.00	895.00	981.00
53	284.00	462.00	603.00	702.00	776.00	842.00	870.00	954.00	1,046.00
54	300.00	491.00	642.00	748.00	827.00	898.00	927.00	1,017.00	1,115.00
55	316.00	518.00	678.00	790.00	874.00	949.00	980.00	1,075.00	1,178.00
56	334.00	551.00	722.00	842.00	932.00	1,012.00	1,045.00	1,147.00	1,257.00
57	354.00	586.00	770.00	898.00	994.00	1,080.00	1,115.00	1,223.00	1,341.00
58	376.00	624.00	820.00	957.00	1,060.00	1,152.00	1,190.00	1,305.00	1,431.00
59	399.00	665.00	875.00	1,021.00	1,131.00	1,229.00	1,270.00	1,393.00	1,527.00
60	420.00	702.00	924.00	1,080.00	1,196.00	1,300.00	1,343.00	1,473.00	1,615.00
61	445.00	747.00	986.00	1,152.00	1,276.00	1,387.00	1,433.00	1,572.00	1,723.00
62	473.00	796.00	1,051.00	1,228.00	1,361.00	1,479.00	1,528.00	1,677.00	1,838.00
63	509.00	860.00	1,137.00	1,330.00	1,475.00	1,603.00	1,656.00	1,818.00	1,992.00
64	548.00	929.00	1,230.00	1,440.00	1,598.00	1,737.00	1,795.00	1,970.00	2,160.00
65	595.00	1,014.00	1,345.00	1,576.00	1,748.00	1,901.00	1,965.00	2,156.00	2,364.00
66	640.00	1,095.00	1,454.00	1,705.00	1,892.00	2,058.00	2,127.00	2,334.00	2,559.00
67	689.00	1,182.00	1,572.00	1,844.00	2,047.00	2,226.00	2,301.00	2,526.00	2,769.00
68	747.00	1,286.00	1,713.00	2,010.00	2,231.00	2,428.00	2,510.00	2,755.00	3,020.00
69	811.00	1,399.00	1,866.00	2,190.00	2,432.00	2,646.00	2,735.00	3,002.00	3,291.00
70	849.00	1,466.00	1,954.00	2,293.00	2,546.00	2,769.00	2,862.00	3,140.00	3,439.00
71	919.00	1,592.00	2,124.00	2,493.00	2,767.00	3,010.00	3,110.00	3,412.00	3,738.00
72	996.00	1,728.00	2,307.00	2,708.00	3,006.00	3,270.00	3,379.00	3,707.00	4,060.00
73	1,069.00	1,860.00	2,483.00	2,915.00	3,235.00	3,518.00	3,635.00	3,987.00	4,366.00
74	1,148.00	2,000.00	2,672.00	3,135.00	3,479.00	3,783.00	3,907.00	4,286.00	4,691.00
75	1,248.00	2,159.00	2,875.00	3,367.00	3,731.00	4,052.00	4,183.00	4,582.00	5,008.00
76	1,336.00	2,314.00	3,082.00	3,609.00	3,998.00	4,341.00	4,480.00	4,906.00	5,360.00
77	1,429.00	2,479.00	3,301.00	3,864.00	4,279.00	4,645.00	4,792.00	5,247.00	5,731.00
78	1,550.00	2,696.00	3,593.00	4,207.00	4,658.00	5,055.00	5,215.00	5,710.00	6,235.00
79	1,684.00	2,935.00	3,914.00	4,583.00	5,074.00	5,505.00	5,678.00	6,217.00	6,786.00
80	1,830.00	3,197.00	4,266.00	4,994.00	5,528.00	5,997.00	6,184.00	NA	NA
81	1,992.00	3,487.00	4,655.00	5,449.00	6,031.00	6,541.00	6,743.00	NA	NA
82	2,167.00	3,802.00	5,078.00	5,944.00	6,576.00	7,130.00	7,349.00	NA	NA
83	2,355.00	4,141.00	5,532.00	6,474.00	7,160.00	7,762.00	7,998.00	NA	NA
84	2,557.00	4,504.00	6,019.00	7,042.00	7,785.00	8,437.00	8,691.00	NA	NA
85	2,768.00	4,885.00	6,530.00	7,637.00	8,439.00	9,142.00	9,414.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Simple No Max
Form Number: FC-SIMP-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	148.00	223.00	284.00	328.00	363.00	394.00	409.00	447.00	491.00
30	153.00	231.00	296.00	343.00	379.00	411.00	427.00	467.00	513.00
31	158.00	240.00	308.00	357.00	395.00	430.00	446.00	488.00	536.00
32	164.00	250.00	321.00	373.00	413.00	449.00	466.00	510.00	561.00
33	169.00	260.00	335.00	389.00	431.00	469.00	487.00	533.00	586.00
34	175.00	271.00	349.00	406.00	450.00	490.00	509.00	557.00	613.00
35	181.00	282.00	364.00	424.00	470.00	512.00	532.00	583.00	641.00
36	188.00	294.00	380.00	443.00	492.00	535.00	556.00	610.00	671.00
37	195.00	306.00	397.00	463.00	514.00	560.00	582.00	638.00	702.00
38	202.00	319.00	415.00	484.00	537.00	586.00	609.00	667.00	735.00
39	210.00	333.00	433.00	506.00	562.00	613.00	637.00	698.00	769.00
40	216.00	344.00	449.00	525.00	583.00	636.00	661.00	725.00	798.00
41	225.00	359.00	470.00	549.00	610.00	666.00	692.00	759.00	836.00
42	234.00	375.00	491.00	575.00	639.00	697.00	724.00	795.00	875.00
43	243.00	392.00	514.00	602.00	669.00	730.00	759.00	833.00	917.00
44	253.00	410.00	538.00	630.00	701.00	765.00	795.00	873.00	961.00
45	264.00	428.00	563.00	660.00	735.00	802.00	833.00	915.00	1,008.00
46	275.00	448.00	590.00	692.00	770.00	840.00	874.00	959.00	1,057.00
47	286.00	469.00	618.00	725.00	808.00	882.00	916.00	1,006.00	1,108.00
48	299.00	491.00	648.00	761.00	847.00	925.00	961.00	1,056.00	1,163.00
49	312.00	514.00	680.00	798.00	889.00	971.00	1,009.00	1,108.00	1,221.00
50	316.00	529.00	702.00	827.00	922.00	1,008.00	1,048.00	1,152.00	1,269.00
51	330.00	555.00	737.00	869.00	969.00	1,059.00	1,101.00	1,210.00	1,334.00
52	346.00	582.00	775.00	913.00	1,018.00	1,113.00	1,157.00	1,272.00	1,402.00
53	362.00	612.00	814.00	960.00	1,071.00	1,170.00	1,216.00	1,338.00	1,474.00
54	380.00	643.00	856.00	1,010.00	1,127.00	1,231.00	1,280.00	1,407.00	1,550.00
55	395.00	670.00	893.00	1,053.00	1,175.00	1,284.00	1,334.00	1,467.00	1,616.00
56	414.00	704.00	940.00	1,109.00	1,237.00	1,352.00	1,405.00	1,544.00	1,701.00
57	435.00	741.00	990.00	1,167.00	1,303.00	1,423.00	1,479.00	1,626.00	1,790.00
58	457.00	780.00	1,043.00	1,230.00	1,373.00	1,500.00	1,558.00	1,713.00	1,885.00
59	480.00	822.00	1,099.00	1,297.00	1,447.00	1,580.00	1,642.00	1,805.00	1,986.00
60	501.00	859.00	1,148.00	1,355.00	1,512.00	1,651.00	1,715.00	1,885.00	2,074.00
61	527.00	905.00	1,211.00	1,429.00	1,594.00	1,741.00	1,808.00	1,987.00	2,186.00
62	555.00	955.00	1,278.00	1,508.00	1,682.00	1,837.00	1,907.00	2,096.00	2,305.00
63	592.00	1,022.00	1,369.00	1,616.00	1,802.00	1,969.00	2,044.00	2,246.00	2,470.00
64	632.00	1,094.00	1,467.00	1,732.00	1,933.00	2,111.00	2,192.00	2,409.00	2,649.00
65	683.00	1,185.00	1,590.00	1,879.00	2,096.00	2,290.00	2,376.00	2,612.00	2,872.00
66	731.00	1,271.00	1,707.00	2,017.00	2,251.00	2,458.00	2,552.00	2,805.00	3,084.00
67	783.00	1,364.00	1,834.00	2,167.00	2,418.00	2,641.00	2,741.00	3,013.00	3,313.00
68	845.00	1,477.00	1,987.00	2,349.00	2,621.00	2,863.00	2,971.00	3,267.00	3,591.00
69	914.00	1,601.00	2,155.00	2,547.00	2,843.00	3,105.00	3,222.00	3,543.00	3,894.00
70	955.00	1,672.00	2,249.00	2,657.00	2,964.00	3,236.00	3,357.00	3,689.00	4,053.00
71	1,032.00	1,811.00	2,438.00	2,880.00	3,213.00	3,508.00	3,638.00	3,998.00	4,391.00
72	1,116.00	1,963.00	2,643.00	3,123.00	3,483.00	3,802.00	3,942.00	4,333.00	4,759.00
73	1,198.00	2,109.00	2,841.00	3,355.00	3,741.00	4,083.00	4,233.00	4,652.00	5,108.00
74	1,285.00	2,266.00	3,052.00	3,604.00	4,018.00	4,384.00	4,544.00	4,992.00	5,480.00
75	1,394.00	2,441.00	3,277.00	3,863.00	4,300.00	4,686.00	4,854.00	5,326.00	5,838.00
76	1,491.00	2,614.00	3,510.00	4,136.00	4,602.00	5,014.00	5,192.00	5,696.00	6,241.00
77	1,593.00	2,797.00	3,756.00	4,424.00	4,921.00	5,359.00	5,547.00	6,084.00	6,663.00
78	1,728.00	3,040.00	4,084.00	4,810.00	5,349.00	5,825.00	6,028.00	6,611.00	7,238.00
79	1,874.00	3,305.00	4,442.00	5,232.00	5,817.00	6,333.00	6,553.00	7,186.00	7,866.00
80	2,034.00	3,594.00	4,833.00	5,691.00	6,327.00	6,886.00	7,124.00	NA	NA
81	2,210.00	3,912.00	5,263.00	6,197.00	6,888.00	7,495.00	7,751.00	NA	NA
82	2,400.00	4,256.00	5,729.00	6,744.00	7,493.00	8,152.00	8,428.00	NA	NA
83	2,602.00	4,624.00	6,226.00	7,327.00	8,139.00	8,851.00	9,149.00	NA	NA
84	2,818.00	5,016.00	6,755.00	7,949.00	8,826.00	9,595.00	9,914.00	NA	NA
85	3,043.00	5,426.00	7,308.00	8,596.00	9,540.00	10,367.00	10,708.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Simple - 2X Max
Form Number: FC-SIMP2X-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	107.00	146.00	178.00	200.00	217.00	232.00	239.00	259.00	280.00
30	111.00	152.00	186.00	209.00	227.00	244.00	251.00	271.00	295.00
31	114.00	159.00	194.00	219.00	238.00	256.00	263.00	285.00	310.00
32	118.00	165.00	203.00	230.00	250.00	269.00	277.00	300.00	326.00
33	122.00	172.00	213.00	241.00	263.00	282.00	291.00	315.00	343.00
34	126.00	180.00	223.00	253.00	276.00	297.00	306.00	332.00	361.00
35	131.00	188.00	233.00	266.00	290.00	312.00	322.00	350.00	381.00
36	136.00	197.00	245.00	279.00	305.00	329.00	339.00	368.00	402.00
37	141.00	206.00	257.00	294.00	321.00	346.00	357.00	388.00	424.00
38	147.00	215.00	270.00	309.00	338.00	365.00	376.00	410.00	447.00
39	153.00	226.00	284.00	325.00	357.00	385.00	397.00	433.00	473.00
40	158.00	236.00	297.00	340.00	373.00	403.00	416.00	453.00	495.00
41	165.00	247.00	313.00	359.00	394.00	426.00	439.00	479.00	524.00
42	172.00	260.00	330.00	379.00	416.00	450.00	464.00	507.00	554.00
43	180.00	274.00	348.00	401.00	440.00	476.00	491.00	537.00	587.00
44	189.00	288.00	368.00	424.00	466.00	504.00	520.00	568.00	622.00
45	197.00	304.00	389.00	448.00	493.00	534.00	551.00	602.00	659.00
46	207.00	321.00	411.00	475.00	522.00	566.00	584.00	639.00	700.00
47	217.00	339.00	435.00	503.00	554.00	600.00	620.00	678.00	743.00
48	228.00	358.00	461.00	533.00	588.00	637.00	658.00	720.00	789.00
49	240.00	379.00	489.00	566.00	624.00	677.00	699.00	765.00	839.00
50	243.00	391.00	508.00	591.00	653.00	708.00	732.00	803.00	881.00
51	257.00	415.00	540.00	628.00	695.00	754.00	779.00	855.00	938.00
52	272.00	441.00	575.00	669.00	740.00	804.00	831.00	911.00	1,000.00
53	287.00	469.00	612.00	713.00	789.00	857.00	886.00	971.00	1,066.00
54	304.00	499.00	653.00	760.00	841.00	914.00	945.00	1,037.00	1,138.00
55	320.00	527.00	690.00	804.00	891.00	968.00	1,000.00	1,098.00	1,205.00
56	340.00	561.00	737.00	859.00	951.00	1,034.00	1,069.00	1,173.00	1,288.00
57	361.00	599.00	787.00	918.00	1,017.00	1,106.00	1,143.00	1,255.00	1,378.00
58	384.00	639.00	841.00	982.00	1,089.00	1,184.00	1,224.00	1,344.00	1,476.00
59	408.00	682.00	899.00	1,051.00	1,165.00	1,267.00	1,310.00	1,439.00	1,580.00
60	431.00	722.00	953.00	1,115.00	1,237.00	1,345.00	1,391.00	1,528.00	1,678.00
61	459.00	772.00	1,020.00	1,194.00	1,325.00	1,441.00	1,490.00	1,637.00	1,798.00
62	489.00	826.00	1,092.00	1,279.00	1,419.00	1,545.00	1,597.00	1,755.00	1,927.00
63	528.00	896.00	1,188.00	1,392.00	1,546.00	1,684.00	1,742.00	1,914.00	2,103.00
64	572.00	973.00	1,293.00	1,517.00	1,685.00	1,836.00	1,900.00	2,088.00	2,295.00
65	625.00	1,069.00	1,422.00	1,670.00	1,857.00	2,023.00	2,094.00	2,302.00	2,529.00
66	676.00	1,162.00	1,548.00	1,820.00	2,024.00	2,207.00	2,284.00	2,512.00	2,761.00
67	732.00	1,263.00	1,686.00	1,983.00	2,207.00	2,407.00	2,492.00	2,741.00	3,013.00
68	800.00	1,385.00	1,852.00	2,180.00	2,428.00	2,648.00	2,743.00	3,017.00	3,317.00
69	873.00	1,517.00	2,032.00	2,394.00	2,667.00	2,910.00	3,015.00	3,317.00	3,647.00
70	920.00	1,600.00	2,143.00	2,526.00	2,813.00	3,069.00	3,179.00	3,496.00	3,842.00
71	1,002.00	1,748.00	2,345.00	2,765.00	3,081.00	3,361.00	3,482.00	3,829.00	4,208.00
72	1,091.00	1,909.00	2,564.00	3,024.00	3,370.00	3,677.00	3,809.00	4,189.00	4,603.00
73	1,176.00	2,064.00	2,775.00	3,273.00	3,647.00	3,979.00	4,122.00	4,532.00	4,979.00
74	1,268.00	2,229.00	2,998.00	3,536.00	3,940.00	4,298.00	4,453.00	4,895.00	5,376.00
75	1,379.00	2,411.00	3,233.00	3,808.00	4,237.00	4,617.00	4,781.00	5,249.00	5,756.00
76	1,479.00	2,591.00	3,476.00	4,093.00	4,553.00	4,960.00	5,134.00	5,635.00	6,177.00
77	1,585.00	2,779.00	3,729.00	4,391.00	4,883.00	5,318.00	5,503.00	6,038.00	6,615.00
78	1,721.00	3,026.00	4,064.00	4,785.00	5,321.00	5,794.00	5,995.00	6,577.00	7,203.00
79	1,870.00	3,295.00	4,427.00	5,213.00	5,797.00	6,311.00	6,529.00	7,161.00	7,841.00
80	2,031.00	3,587.00	4,822.00	5,678.00	6,312.00	6,871.00	7,107.00	NA	NA
81	2,208.00	3,907.00	5,256.00	6,189.00	6,878.00	7,485.00	7,740.00	NA	NA
82	2,398.00	4,253.00	5,724.00	6,738.00	7,487.00	8,145.00	8,421.00	NA	NA
83	2,601.00	4,622.00	6,223.00	7,324.00	8,135.00	8,847.00	9,145.00	NA	NA
84	2,817.00	5,015.00	6,754.00	7,947.00	8,823.00	9,592.00	9,912.00	NA	NA
85	3,042.00	5,425.00	7,307.00	8,595.00	9,539.00	10,366.00	10,707.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Simple No Max
Form Number: FC-SIMP-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> 1 Year	<u>730 days</u> 2 Years	<u>1095 days</u> 3 Years	<u>1460 days</u> 4 Years	<u>1825 days</u> 5 Years	<u>2190 days</u> 6 Years	<u>2555 days</u> 7 Years	<u>2920 days</u> 8 Years	<u>3650 days</u> 10 Years
Issue Age									
18-29	122.00	173.00	215.00	245.00	268.00	288.00	298.00	324.00	353.00
30	125.00	179.00	223.00	255.00	279.00	301.00	311.00	338.00	368.00
31	129.00	186.00	232.00	266.00	291.00	314.00	325.00	353.00	385.00
32	133.00	193.00	242.00	277.00	304.00	328.00	339.00	369.00	402.00
33	137.00	201.00	252.00	289.00	317.00	342.00	354.00	385.00	421.00
34	142.00	208.00	263.00	301.00	331.00	358.00	370.00	403.00	440.00
35	146.00	217.00	274.00	315.00	346.00	374.00	387.00	421.00	460.00
36	151.00	226.00	286.00	329.00	361.00	391.00	404.00	441.00	482.00
37	157.00	235.00	298.00	343.00	378.00	409.00	423.00	461.00	504.00
38	162.00	244.00	311.00	359.00	395.00	428.00	442.00	483.00	528.00
39	168.00	255.00	325.00	375.00	413.00	448.00	463.00	506.00	553.00
40	173.00	264.00	337.00	389.00	429.00	465.00	481.00	525.00	575.00
41	180.00	275.00	352.00	407.00	449.00	487.00	504.00	551.00	603.00
42	186.00	287.00	369.00	427.00	471.00	510.00	528.00	577.00	632.00
43	194.00	300.00	386.00	447.00	493.00	535.00	554.00	605.00	663.00
44	201.00	314.00	404.00	468.00	517.00	561.00	581.00	635.00	696.00
45	210.00	328.00	423.00	491.00	543.00	589.00	610.00	667.00	731.00
46	218.00	343.00	444.00	515.00	570.00	618.00	640.00	700.00	767.00
47	227.00	359.00	465.00	541.00	598.00	649.00	672.00	736.00	806.00
48	237.00	376.00	488.00	568.00	628.00	682.00	707.00	773.00	848.00
49	248.00	395.00	513.00	597.00	661.00	718.00	743.00	813.00	892.00
50	249.00	404.00	528.00	617.00	684.00	744.00	770.00	844.00	927.00
51	260.00	424.00	556.00	649.00	720.00	783.00	811.00	889.00	976.00
52	273.00	446.00	585.00	684.00	758.00	825.00	855.00	937.00	1,028.00
53	286.00	469.00	617.00	721.00	799.00	870.00	901.00	988.00	1,084.00
54	300.00	494.00	650.00	760.00	843.00	917.00	950.00	1,042.00	1,143.00
55	313.00	516.00	679.00	795.00	882.00	959.00	994.00	1,090.00	1,196.00
56	328.00	544.00	717.00	839.00	931.00	1,013.00	1,049.00	1,150.00	1,262.00
57	345.00	574.00	757.00	886.00	983.00	1,070.00	1,108.00	1,215.00	1,333.00
58	363.00	606.00	799.00	936.00	1,039.00	1,131.00	1,170.00	1,284.00	1,408.00
59	383.00	640.00	845.00	990.00	1,099.00	1,195.00	1,237.00	1,357.00	1,489.00
60	400.00	670.00	886.00	1,038.00	1,152.00	1,253.00	1,297.00	1,422.00	1,560.00
61	422.00	709.00	937.00	1,098.00	1,219.00	1,326.00	1,372.00	1,505.00	1,650.00
62	445.00	750.00	993.00	1,163.00	1,291.00	1,404.00	1,453.00	1,594.00	1,747.00
63	476.00	805.00	1,067.00	1,251.00	1,389.00	1,511.00	1,563.00	1,715.00	1,880.00
64	510.00	865.00	1,148.00	1,347.00	1,496.00	1,628.00	1,684.00	1,848.00	2,026.00
65	552.00	941.00	1,250.00	1,466.00	1,629.00	1,773.00	1,834.00	2,012.00	2,206.00
66	593.00	1,013.00	1,347.00	1,581.00	1,757.00	1,912.00	1,978.00	2,171.00	2,380.00
67	637.00	1,092.00	1,454.00	1,707.00	1,897.00	2,064.00	2,135.00	2,343.00	2,569.00
68	691.00	1,188.00	1,583.00	1,860.00	2,066.00	2,249.00	2,327.00	2,554.00	2,800.00
69	750.00	1,294.00	1,725.00	2,027.00	2,253.00	2,452.00	2,536.00	2,784.00	3,053.00
70	787.00	1,358.00	1,811.00	2,126.00	2,362.00	2,570.00	2,657.00	2,916.00	3,195.00
71	855.00	1,478.00	1,973.00	2,317.00	2,573.00	2,800.00	2,895.00	3,177.00	3,481.00
72	929.00	1,611.00	2,151.00	2,526.00	2,805.00	3,052.00	3,155.00	3,463.00	3,793.00
73	1,001.00	1,739.00	2,323.00	2,728.00	3,029.00	3,296.00	3,406.00	3,738.00	4,094.00
74	1,079.00	1,878.00	2,509.00	2,946.00	3,271.00	3,558.00	3,676.00	4,033.00	4,417.00
75	1,179.00	2,036.00	2,712.00	3,177.00	3,522.00	3,826.00	3,951.00	4,330.00	4,734.00
76	1,267.00	2,192.00	2,919.00	3,420.00	3,790.00	4,116.00	4,249.00	4,655.00	5,089.00
77	1,361.00	2,358.00	3,140.00	3,677.00	4,073.00	4,422.00	4,564.00	4,999.00	5,463.00
78	1,483.00	2,576.00	3,433.00	4,021.00	4,454.00	4,835.00	4,988.00	5,464.00	5,969.00
79	1,617.00	2,817.00	3,756.00	4,399.00	4,872.00	5,288.00	5,454.00	5,974.00	6,525.00
80	1,765.00	3,080.00	4,110.00	4,813.00	5,329.00	5,783.00	5,964.00	NA	NA
81	1,927.00	3,372.00	4,502.00	5,272.00	5,836.00	6,331.00	6,528.00	NA	NA
82	2,104.00	3,690.00	4,929.00	5,770.00	6,386.00	6,926.00	7,139.00	NA	NA
83	2,294.00	4,031.00	5,387.00	6,305.00	6,975.00	7,564.00	7,794.00	NA	NA
84	2,497.00	4,398.00	5,878.00	6,878.00	7,606.00	8,245.00	8,494.00	NA	NA
85	2,711.00	4,782.00	6,394.00	7,479.00	8,267.00	8,957.00	9,224.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 3% Simple - 2X Max
Form Number: FC-SIMP2X-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	107.00	145.00	176.00	198.00	215.00	230.00	237.00	256.00	277.00
30	110.00	151.00	184.00	207.00	225.00	241.00	248.00	268.00	291.00
31	113.00	157.00	192.00	217.00	236.00	253.00	260.00	282.00	306.00
32	117.00	164.00	201.00	227.00	247.00	265.00	273.00	296.00	322.00
33	121.00	171.00	210.00	238.00	259.00	279.00	287.00	311.00	339.00
34	125.00	178.00	220.00	250.00	272.00	293.00	302.00	328.00	356.00
35	130.00	186.00	231.00	262.00	286.00	308.00	317.00	345.00	376.00
36	135.00	194.00	242.00	275.00	301.00	324.00	334.00	363.00	396.00
37	140.00	203.00	254.00	290.00	317.00	341.00	352.00	383.00	417.00
38	145.00	213.00	267.00	305.00	333.00	359.00	371.00	404.00	440.00
39	151.00	223.00	280.00	321.00	351.00	379.00	391.00	426.00	465.00
40	156.00	232.00	293.00	335.00	368.00	397.00	409.00	446.00	487.00
41	163.00	244.00	308.00	353.00	388.00	419.00	432.00	471.00	515.00
42	170.00	256.00	325.00	373.00	410.00	443.00	457.00	498.00	545.00
43	178.00	269.00	342.00	394.00	433.00	468.00	483.00	527.00	577.00
44	186.00	283.00	361.00	416.00	458.00	495.00	511.00	558.00	611.00
45	194.00	298.00	381.00	440.00	484.00	524.00	541.00	592.00	647.00
46	203.00	314.00	403.00	465.00	513.00	555.00	573.00	627.00	686.00
47	213.00	331.00	426.00	493.00	543.00	588.00	608.00	665.00	728.00
48	223.00	350.00	451.00	522.00	575.00	624.00	645.00	705.00	773.00
49	235.00	369.00	477.00	553.00	610.00	662.00	684.00	749.00	820.00
50	237.00	380.00	494.00	575.00	636.00	691.00	715.00	783.00	860.00
51	249.00	402.00	524.00	610.00	676.00	734.00	759.00	832.00	913.00
52	262.00	426.00	556.00	648.00	717.00	780.00	807.00	885.00	971.00
53	277.00	451.00	590.00	688.00	762.00	829.00	857.00	940.00	1,032.00
54	292.00	478.00	626.00	731.00	810.00	881.00	911.00	1,000.00	1,097.00
55	305.00	502.00	659.00	769.00	853.00	928.00	960.00	1,053.00	1,156.00
56	322.00	532.00	699.00	817.00	906.00	985.00	1,020.00	1,119.00	1,228.00
57	340.00	563.00	742.00	867.00	962.00	1,047.00	1,083.00	1,188.00	1,304.00
58	359.00	597.00	787.00	921.00	1,021.00	1,111.00	1,150.00	1,262.00	1,385.00
59	379.00	633.00	835.00	977.00	1,084.00	1,180.00	1,221.00	1,340.00	1,470.00
60	397.00	665.00	878.00	1,028.00	1,141.00	1,241.00	1,284.00	1,409.00	1,545.00
61	420.00	704.00	931.00	1,091.00	1,210.00	1,317.00	1,362.00	1,495.00	1,639.00
62	443.00	746.00	988.00	1,157.00	1,284.00	1,397.00	1,446.00	1,586.00	1,739.00
63	475.00	802.00	1,063.00	1,247.00	1,384.00	1,506.00	1,558.00	1,709.00	1,874.00
64	509.00	863.00	1,146.00	1,344.00	1,492.00	1,624.00	1,680.00	1,843.00	2,022.00
65	552.00	939.00	1,248.00	1,464.00	1,626.00	1,770.00	1,831.00	2,009.00	2,203.00
66	593.00	1,012.00	1,346.00	1,580.00	1,755.00	1,910.00	1,976.00	2,169.00	2,378.00
67	637.00	1,091.00	1,453.00	1,706.00	1,895.00	2,063.00	2,134.00	2,342.00	2,568.00
68	691.00	1,188.00	1,583.00	1,859.00	2,066.00	2,249.00	2,326.00	2,553.00	2,799.00
69	750.00	1,293.00	1,725.00	2,027.00	2,252.00	2,452.00	2,536.00	2,784.00	3,052.00
70	787.00	1,358.00	1,810.00	2,126.00	2,361.00	2,570.00	2,657.00	2,916.00	3,194.00
71	855.00	1,478.00	1,973.00	2,317.00	2,573.00	2,800.00	2,895.00	3,177.00	3,481.00
72	929.00	1,611.00	2,151.00	2,526.00	2,805.00	3,052.00	3,155.00	3,463.00	3,793.00
73	1,001.00	1,739.00	2,323.00	2,728.00	3,029.00	3,296.00	3,406.00	3,738.00	4,094.00
74	1,079.00	1,878.00	2,509.00	2,946.00	3,271.00	3,558.00	3,676.00	4,033.00	4,417.00
75	1,179.00	2,036.00	2,712.00	3,177.00	3,522.00	3,826.00	3,951.00	4,330.00	4,734.00
76	1,267.00	2,192.00	2,919.00	3,420.00	3,790.00	4,116.00	4,249.00	4,655.00	5,089.00
77	1,361.00	2,358.00	3,140.00	3,677.00	4,073.00	4,422.00	4,564.00	4,999.00	5,463.00
78	1,483.00	2,576.00	3,433.00	4,021.00	4,454.00	4,835.00	4,988.00	5,464.00	5,969.00
79	1,617.00	2,817.00	3,756.00	4,399.00	4,872.00	5,288.00	5,454.00	5,974.00	6,525.00
80	1,765.00	3,080.00	4,110.00	4,813.00	5,329.00	5,783.00	5,964.00	NA	NA
81	1,927.00	3,372.00	4,502.00	5,272.00	5,836.00	6,331.00	6,528.00	NA	NA
82	2,104.00	3,690.00	4,929.00	5,770.00	6,386.00	6,926.00	7,139.00	NA	NA
83	2,294.00	4,031.00	5,387.00	6,305.00	6,975.00	7,564.00	7,794.00	NA	NA
84	2,497.00	4,398.00	5,878.00	6,878.00	7,606.00	8,245.00	8,494.00	NA	NA
85	2,711.00	4,782.00	6,394.00	7,479.00	8,267.00	8,957.00	9,224.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: Guaranteed Purchase Option Rider
Form Number: FC-GPOR-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	95.00	118.00	137.00	149.00	159.00	169.00	172.00	183.00	196.00
30	98.00	122.00	141.00	155.00	165.00	175.00	179.00	191.00	205.00
31	100.00	125.00	146.00	161.00	172.00	182.00	187.00	199.00	213.00
32	102.00	129.00	152.00	167.00	179.00	190.00	194.00	208.00	223.00
33	104.00	134.00	157.00	174.00	187.00	198.00	202.00	217.00	233.00
34	107.00	139.00	163.00	181.00	194.00	207.00	212.00	227.00	244.00
35	110.00	143.00	170.00	189.00	202.00	216.00	222.00	237.00	255.00
36	113.00	148.00	177.00	197.00	212.00	226.00	231.00	249.00	268.00
37	117.00	154.00	184.00	206.00	222.00	236.00	243.00	261.00	281.00
38	120.00	160.00	192.00	215.00	232.00	247.00	253.00	273.00	295.00
39	123.00	166.00	200.00	225.00	243.00	260.00	266.00	287.00	310.00
40	127.00	173.00	209.00	234.00	253.00	270.00	278.00	299.00	323.00
41	131.00	179.00	218.00	245.00	265.00	284.00	292.00	315.00	340.00
42	136.00	188.00	228.00	258.00	279.00	298.00	306.00	332.00	358.00
43	141.00	196.00	240.00	270.00	294.00	314.00	322.00	349.00	378.00
44	146.00	205.00	251.00	284.00	308.00	331.00	340.00	368.00	399.00
45	152.00	214.00	264.00	299.00	324.00	349.00	358.00	388.00	421.00
46	157.00	225.00	278.00	315.00	342.00	368.00	378.00	410.00	445.00
47	164.00	235.00	293.00	332.00	361.00	388.00	400.00	434.00	471.00
48	171.00	247.00	307.00	350.00	382.00	410.00	422.00	458.00	498.00
49	178.00	260.00	324.00	370.00	404.00	435.00	447.00	485.00	528.00
50	173.00	259.00	328.00	376.00	412.00	443.00	457.00	498.00	542.00
51	182.00	274.00	348.00	398.00	437.00	470.00	485.00	528.00	575.00
52	191.00	290.00	369.00	422.00	463.00	500.00	515.00	561.00	612.00
53	201.00	307.00	391.00	448.00	492.00	531.00	547.00	597.00	651.00
54	211.00	326.00	415.00	477.00	524.00	566.00	583.00	635.00	693.00
55	219.00	339.00	434.00	499.00	548.00	592.00	609.00	665.00	725.00
56	231.00	360.00	461.00	531.00	583.00	630.00	650.00	709.00	774.00
57	244.00	383.00	491.00	567.00	623.00	673.00	693.00	757.00	826.00
58	259.00	407.00	523.00	604.00	665.00	719.00	739.00	808.00	882.00
59	274.00	434.00	558.00	645.00	710.00	768.00	790.00	863.00	942.00
60	285.00	454.00	586.00	678.00	746.00	805.00	830.00	906.00	990.00
61	303.00	484.00	626.00	724.00	797.00	862.00	888.00	970.00	1,059.00
62	322.00	517.00	671.00	776.00	854.00	924.00	951.00	1,039.00	1,134.00
63	347.00	561.00	729.00	845.00	930.00	1,006.00	1,036.00	1,134.00	1,237.00
64	376.00	611.00	794.00	921.00	1,016.00	1,099.00	1,132.00	1,238.00	1,351.00
65	410.00	671.00	876.00	1,016.00	1,120.00	1,212.00	1,248.00	1,366.00	1,491.00
66	445.00	731.00	956.00	1,110.00	1,225.00	1,326.00	1,365.00	1,495.00	1,633.00
67	483.00	798.00	1,045.00	1,214.00	1,340.00	1,451.00	1,495.00	1,637.00	1,788.00
68	529.00	880.00	1,155.00	1,342.00	1,482.00	1,605.00	1,653.00	1,811.00	1,979.00
69	581.00	971.00	1,276.00	1,485.00	1,640.00	1,777.00	1,829.00	2,004.00	2,190.00
70	610.00	1,021.00	1,341.00	1,561.00	1,723.00	1,867.00	1,922.00	2,104.00	2,298.00
71	670.00	1,127.00	1,483.00	1,726.00	1,905.00	2,064.00	2,125.00	2,328.00	2,543.00
72	736.00	1,244.00	1,639.00	1,908.00	2,107.00	2,283.00	2,350.00	2,574.00	2,813.00
73	804.00	1,362.00	1,795.00	2,091.00	2,308.00	2,500.00	2,572.00	2,819.00	3,079.00
74	876.00	1,489.00	1,966.00	2,289.00	2,527.00	2,737.00	2,815.00	3,086.00	3,370.00
75	972.00	1,638.00	2,153.00	2,502.00	2,758.00	2,984.00	3,067.00	3,357.00	3,661.00
76	1,057.00	1,786.00	2,348.00	2,729.00	3,006.00	3,252.00	3,343.00	3,658.00	3,988.00
77	1,148.00	1,944.00	2,558.00	2,971.00	3,273.00	3,539.00	3,637.00	3,980.00	4,339.00
78	1,266.00	2,153.00	2,836.00	3,295.00	3,629.00	3,925.00	4,032.00	4,414.00	4,810.00
79	1,397.00	2,385.00	3,146.00	3,656.00	4,026.00	4,353.00	4,472.00	4,894.00	5,335.00
80	1,542.00	2,643.00	3,488.00	4,055.00	4,466.00	4,828.00	4,958.00	NA	NA
81	1,705.00	2,933.00	3,873.00	4,501.00	4,957.00	5,358.00	5,502.00	NA	NA
82	1,885.00	3,250.00	4,297.00	4,994.00	5,498.00	5,942.00	6,100.00	NA	NA
83	2,079.00	3,597.00	4,757.00	5,528.00	6,084.00	6,575.00	6,747.00	NA	NA
84	2,290.00	3,972.00	5,257.00	6,108.00	6,720.00	7,258.00	7,447.00	NA	NA
85	2,513.00	4,371.00	5,786.00	6,721.00	7,392.00	7,982.00	8,187.00	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Combination Benefit Increase Rider
Form Number: FC-CBIR-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u>	<u>730 days</u>	<u>1095 days</u>	<u>1460 days</u>	<u>1825 days</u>	<u>2190 days</u>	<u>2555 days</u>	<u>2920 days</u>	<u>3650 days</u>
	<u>1 Year</u>	<u>2 Years</u>	<u>3 Years</u>	<u>4 Years</u>	<u>5 Years</u>	<u>6 Years</u>	<u>7 Years</u>	<u>8 Years</u>	<u>10 Years</u>
Issue Age									
18-29	186.00	291.00	378.00	442.00	491.00	536.00	558.00	613.00	677.00
30	189.00	296.00	385.00	451.00	501.00	547.00	570.00	626.00	691.00
31	192.00	302.00	393.00	460.00	511.00	558.00	581.00	639.00	705.00
32	195.00	308.00	401.00	469.00	522.00	570.00	593.00	652.00	720.00
33	199.00	314.00	409.00	479.00	533.00	582.00	606.00	666.00	736.00
34	202.00	320.00	418.00	489.00	545.00	595.00	619.00	681.00	752.00
35	206.00	327.00	427.00	500.00	557.00	608.00	633.00	696.00	768.00
36	210.00	334.00	437.00	511.00	569.00	622.00	647.00	712.00	786.00
37	214.00	341.00	447.00	523.00	583.00	637.00	663.00	728.00	804.00
38	219.00	349.00	457.00	536.00	597.00	652.00	678.00	746.00	824.00
39	223.00	357.00	468.00	549.00	611.00	668.00	695.00	764.00	844.00
40	226.00	363.00	476.00	558.00	621.00	679.00	707.00	777.00	858.00
41	231.00	372.00	488.00	572.00	637.00	696.00	725.00	797.00	880.00
42	237.00	381.00	501.00	587.00	654.00	715.00	744.00	818.00	903.00
43	242.00	391.00	514.00	603.00	672.00	735.00	764.00	841.00	928.00
44	248.00	402.00	528.00	620.00	691.00	755.00	786.00	864.00	954.00
45	255.00	413.00	543.00	638.00	711.00	777.00	809.00	889.00	982.00
46	262.00	425.00	559.00	657.00	732.00	800.00	833.00	916.00	1,011.00
47	269.00	437.00	576.00	677.00	755.00	825.00	858.00	944.00	1,042.00
48	276.00	451.00	594.00	698.00	779.00	851.00	886.00	974.00	1,075.00
49	284.00	465.00	614.00	721.00	804.00	879.00	915.00	1,006.00	1,110.00
50	283.00	470.00	623.00	734.00	820.00	897.00	934.00	1,028.00	1,136.00
51	292.00	486.00	645.00	760.00	849.00	929.00	967.00	1,064.00	1,175.00
52	302.00	503.00	668.00	788.00	880.00	962.00	1,001.00	1,103.00	1,218.00
53	312.00	521.00	693.00	817.00	912.00	998.00	1,039.00	1,144.00	1,263.00
54	323.00	541.00	719.00	848.00	947.00	1,037.00	1,078.00	1,187.00	1,311.00
55	333.00	557.00	741.00	874.00	976.00	1,068.00	1,111.00	1,223.00	1,350.00
56	345.00	579.00	771.00	910.00	1,016.00	1,111.00	1,156.00	1,273.00	1,404.00
57	359.00	603.00	803.00	948.00	1,058.00	1,158.00	1,204.00	1,326.00	1,463.00
58	373.00	629.00	838.00	989.00	1,104.00	1,208.00	1,256.00	1,383.00	1,525.00
59	388.00	656.00	875.00	1,032.00	1,153.00	1,261.00	1,311.00	1,443.00	1,592.00
60	402.00	680.00	906.00	1,070.00	1,195.00	1,307.00	1,358.00	1,495.00	1,648.00
61	419.00	710.00	947.00	1,118.00	1,249.00	1,366.00	1,419.00	1,562.00	1,722.00
62	437.00	742.00	990.00	1,169.00	1,305.00	1,427.00	1,483.00	1,632.00	1,798.00
63	462.00	786.00	1,051.00	1,241.00	1,386.00	1,516.00	1,575.00	1,734.00	1,911.00
64	489.00	834.00	1,116.00	1,318.00	1,473.00	1,610.00	1,673.00	1,842.00	2,030.00
65	522.00	894.00	1,196.00	1,414.00	1,580.00	1,727.00	1,795.00	1,976.00	2,177.00
66	552.00	947.00	1,270.00	1,501.00	1,677.00	1,834.00	1,905.00	2,098.00	2,312.00
67	584.00	1,004.00	1,347.00	1,593.00	1,779.00	1,946.00	2,022.00	2,226.00	2,453.00
68	622.00	1,074.00	1,441.00	1,704.00	1,904.00	2,083.00	2,164.00	2,383.00	2,625.00
69	663.00	1,147.00	1,540.00	1,822.00	2,036.00	2,227.00	2,313.00	2,547.00	2,807.00
70	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA

MedAmerica Insurance Company
Flex Care
Form Number: FC-337-AR
Base Annual Premiums for Facilities Only Policy
Rates Per \$100 Daily Benefit Amount

Lifetime Payment Plan
100 day Elimination Period
Single Rates

Indexing: 5% Daily Benefit Increase Rider
Form Number: FC-DBIR-AR
Facilities Only Coverage

Benefit Period	Annual Premiums								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
Issue Age									
18-29	91.00	121.00	150.00	178.00	204.00	230.00	255.00	279.00	325.00
30	93.00	125.00	156.00	185.00	213.00	241.00	267.00	292.00	341.00
31	95.00	129.00	162.00	193.00	223.00	252.00	279.00	306.00	357.00
32	97.00	134.00	168.00	201.00	233.00	263.00	293.00	321.00	374.00
33	99.00	139.00	175.00	210.00	244.00	276.00	307.00	336.00	393.00
34	102.00	144.00	183.00	220.00	255.00	289.00	321.00	353.00	412.00
35	105.00	149.00	190.00	230.00	267.00	303.00	337.00	370.00	432.00
36	108.00	155.00	199.00	240.00	280.00	317.00	353.00	388.00	454.00
37	111.00	162.00	208.00	252.00	293.00	333.00	371.00	407.00	477.00
38	115.00	168.00	217.00	264.00	308.00	349.00	389.00	428.00	501.00
39	119.00	175.00	227.00	276.00	323.00	367.00	409.00	450.00	527.00
40	123.00	182.00	236.00	288.00	336.00	382.00	426.00	469.00	550.00
41	128.00	190.00	248.00	302.00	353.00	402.00	448.00	493.00	578.00
42	133.00	198.00	260.00	317.00	371.00	423.00	472.00	519.00	609.00
43	138.00	208.00	272.00	333.00	391.00	445.00	496.00	546.00	641.00
44	143.00	217.00	286.00	350.00	411.00	468.00	523.00	575.00	675.00
45	149.00	228.00	301.00	369.00	433.00	493.00	551.00	606.00	711.00
46	155.00	239.00	316.00	388.00	456.00	519.00	581.00	639.00	750.00
47	162.00	251.00	333.00	409.00	480.00	548.00	613.00	675.00	791.00
48	169.00	264.00	351.00	431.00	507.00	578.00	647.00	712.00	835.00
49	177.00	277.00	370.00	455.00	535.00	611.00	683.00	752.00	881.00
50	175.00	282.00	379.00	469.00	554.00	634.00	710.00	782.00	918.00
51	184.00	297.00	401.00	496.00	586.00	670.00	751.00	828.00	971.00
52	193.00	314.00	424.00	525.00	620.00	710.00	795.00	876.00	1,027.00
53	203.00	332.00	449.00	556.00	657.00	752.00	842.00	928.00	1,087.00
54	214.00	351.00	475.00	589.00	696.00	797.00	892.00	983.00	1,150.00
55	224.00	369.00	499.00	619.00	732.00	838.00	938.00	1,033.00	1,206.00
56	236.00	391.00	530.00	657.00	777.00	889.00	995.00	1,095.00	1,277.00
57	250.00	415.00	562.00	698.00	825.00	944.00	1,056.00	1,162.00	1,351.00
58	264.00	440.00	597.00	742.00	877.00	1,003.00	1,122.00	1,233.00	1,430.00
59	280.00	468.00	635.00	789.00	932.00	1,066.00	1,192.00	1,309.00	1,514.00
60	295.00	493.00	669.00	832.00	983.00	1,124.00	1,256.00	1,377.00	1,588.00
61	313.00	525.00	713.00	886.00	1,047.00	1,196.00	1,336.00	1,462.00	1,680.00
62	332.00	559.00	759.00	944.00	1,115.00	1,274.00	1,421.00	1,553.00	1,778.00
63	358.00	604.00	822.00	1,022.00	1,207.00	1,378.00	1,535.00	1,674.00	1,910.00
64	386.00	654.00	890.00	1,107.00	1,308.00	1,492.00	1,658.00	1,806.00	2,053.00
65	421.00	715.00	976.00	1,214.00	1,433.00	1,634.00	1,812.00	1,970.00	2,231.00
66	456.00	776.00	1,059.00	1,318.00	1,556.00	1,771.00	1,960.00	2,126.00	2,399.00
67	494.00	842.00	1,151.00	1,432.00	1,690.00	1,920.00	2,121.00	2,295.00	2,581.00
68	540.00	924.00	1,263.00	1,572.00	1,853.00	2,101.00	2,314.00	2,499.00	2,800.00
69	592.00	1,014.00	1,387.00	1,727.00	2,033.00	2,298.00	2,526.00	2,721.00	3,038.00
70	627.00	1,073.00	1,467.00	1,825.00	2,143.00	2,417.00	2,649.00	2,847.00	3,166.00
71	687.00	1,178.00	1,611.00	2,003.00	2,348.00	2,641.00	2,887.00	3,096.00	3,433.00
72	753.00	1,294.00	1,770.00	2,200.00	2,573.00	2,886.00	3,147.00	3,367.00	3,722.00
73	819.00	1,409.00	1,926.00	2,394.00	2,792.00	3,123.00	3,397.00	3,626.00	4,000.00
74	891.00	1,533.00	2,097.00	2,603.00	3,027.00	3,377.00	3,665.00	3,904.00	4,296.00
75	985.00	1,679.00	2,288.00	2,829.00	3,277.00	3,643.00	3,941.00	4,189.00	4,596.00
76	1,067.00	1,821.00	2,482.00	3,064.00	3,539.00	3,923.00	4,235.00	4,492.00	4,919.00
77	1,155.00	1,973.00	2,690.00	3,314.00	3,816.00	4,219.00	4,544.00	4,812.00	5,260.00
78	1,270.00	2,172.00	2,965.00	3,643.00	4,183.00	4,612.00	4,957.00	5,241.00	5,721.00
79	1,397.00	2,393.00	3,269.00	4,006.00	4,586.00	5,043.00	5,409.00	5,711.00	6,226.00
80	1,537.00	2,636.00	3,603.00	4,404.00	5,027.00	5,514.00	5,902.00	NA	NA
81	1,693.00	2,908.00	3,976.00	4,845.00	5,513.00	6,033.00	6,447.00	NA	NA
82	1,864.00	3,206.00	4,383.00	5,324.00	6,040.00	6,595.00	7,035.00	NA	NA
83	2,049.00	3,529.00	4,822.00	5,840.00	6,605.00	7,197.00	7,665.00	NA	NA
84	2,250.00	3,897.00	5,296.00	6,392.00	7,209.00	7,840.00	8,337.00	NA	NA
85	2,467.00	4,288.00	5,795.00	6,974.00	7,842.00	8,514.00	9,039.00	NA	NA

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

Elimination Period Factors

Multiply the annual premium by the appropriate factor below based on the elimination period selected.

Factors						
<u>20 Day</u>	<u>30 Day</u>	<u>60 Day</u>	<u>90 day</u>	<u>100 day</u>	<u>180 day</u>	<u>365 day</u>
1.28	1.22	1.14	1.03	1.00	0.82	0.70

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Restoration of Benefits Rider
Form Number: FC-ROBR-AR**

If this rider is selected, multiply the annual premium by the appropriate factor below.

Benefit Period	Factors								
	<u>365 days</u> <u>1 Year</u>	<u>730 days</u> <u>2 Years</u>	<u>1095 days</u> <u>3 Years</u>	<u>1460 days</u> <u>4 Years</u>	<u>1825 days</u> <u>5 Years</u>	<u>2190 days</u> <u>6 Years</u>	<u>2555 days</u> <u>7 Years</u>	<u>2920 days</u> <u>8 Years</u>	<u>3650 days</u> <u>10 Years</u>
	NA	1.06	1.04	1.03	1.01	1.01	1.01	1.01	1.01

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Return of Premium Upon Death Rider
Form Number: FC-ROPR-AR**

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Lifetime Payment Term</u>	<u>10 Year Payment Term</u>	<u>20 Year Payment Term</u>
18-29	1.12	1.02	1.02
30	1.12	1.02	1.02
31	1.12	1.02	1.02
32	1.13	1.02	1.02
33	1.13	1.02	1.02
34	1.14	1.02	1.02
35	1.14	1.02	1.02
36	1.15	1.02	1.02
37	1.16	1.02	1.02
38	1.16	1.02	1.02
39	1.17	1.02	1.02
40	1.17	1.02	1.03
41	1.18	1.02	1.03
42	1.19	1.02	1.03
43	1.19	1.02	1.04
44	1.20	1.02	1.04
45	1.21	1.02	1.05
46	1.21	1.02	1.06
47	1.22	1.02	1.06
48	1.23	1.02	1.07
49	1.23	1.02	1.08
50	1.24	1.02	1.09
51	1.25	1.02	1.10
52	1.25	1.02	1.11
53	1.26	1.02	1.13
54	1.26	1.03	1.14
55	1.27	1.03	1.16
56	1.27	1.04	1.18
57	1.27	1.04	1.20
58	1.28	1.05	1.22
59	1.28	1.05	1.24
60	1.27	1.06	1.27
61	1.27	1.06	1.31
62	1.27	1.07	1.30
63	1.26	1.08	1.29
64	1.25	1.08	1.27
65	1.24	1.09	1.26
66	1.23	1.10	1.24
67	1.21	1.11	1.22
68	1.20	1.13	1.20
69	1.17	1.14	1.18
70	1.14	1.16	1.15
71	1.12	1.18	1.13
72	1.10	1.15	1.11
73	1.09	1.12	1.09
74	1.07	1.10	1.07
75	1.06	1.07	1.06
76	N/A	N/A	N/A
77	N/A	N/A	N/A
78	N/A	N/A	N/A
79	N/A	N/A	N/A
80	N/A	N/A	N/A
81	N/A	N/A	N/A
82	N/A	N/A	N/A
83	N/A	N/A	N/A
84	N/A	N/A	N/A
85	N/A	N/A	N/A

MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR

Graded Return of Premium Upon Death Rider
Form Number: FC-GROPR-AR

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Lifetime Payment Term</u>	<u>10 Year Payment Term</u>	<u>20 Year Payment Term</u>
18-29	1.06	1.01	1.01
30	1.06	1.01	1.01
31	1.06	1.01	1.01
32	1.06	1.01	1.01
33	1.06	1.01	1.01
34	1.07	1.01	1.01
35	1.07	1.01	1.02
36	1.07	1.01	1.02
37	1.07	1.01	1.02
38	1.07	1.01	1.02
39	1.07	1.01	1.02
40	1.08	1.01	1.03
41	1.08	1.01	1.03
42	1.08	1.01	1.03
43	1.08	1.01	1.04
44	1.08	1.01	1.04
45	1.08	1.01	1.05
46	1.08	1.01	1.06
47	1.08	1.01	1.06
48	1.08	1.01	1.07
49	1.08	1.01	1.07
50	1.08	1.02	1.08
51	1.08	1.02	1.08
52	1.08	1.02	1.09
53	1.08	1.02	1.09
54	1.07	1.02	1.09
55	1.07	1.03	1.08
56	1.07	1.03	1.08
57	1.06	1.04	1.07
58	1.06	1.04	1.07
59	1.05	1.04	1.06
60	1.05	1.04	1.05
61	1.05	1.04	1.05
62	1.04	1.04	1.04
63	1.03	1.04	1.03
64	1.03	1.04	1.03
65	1.02	1.03	1.02
66	N/A	N/A	N/A
67	N/A	N/A	N/A
68	N/A	N/A	N/A
69	N/A	N/A	N/A
70	N/A	N/A	N/A
71	N/A	N/A	N/A
72	N/A	N/A	N/A
73	N/A	N/A	N/A
74	N/A	N/A	N/A
75	N/A	N/A	N/A
76	N/A	N/A	N/A
77	N/A	N/A	N/A
78	N/A	N/A	N/A
79	N/A	N/A	N/A
80	N/A	N/A	N/A
81	N/A	N/A	N/A
82	N/A	N/A	N/A
83	N/A	N/A	N/A
84	N/A	N/A	N/A
85	N/A	N/A	N/A

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Non-Forfeiture Shortened Benefit Period Rider
Form Number: FC-SBPR-AR**

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Factor</u>
< 60	1.15
60+	1.12

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Survivor Benefit Rider
Form Number: FC-SVR-AR**

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>Payment Term</u>		
	<u>Lifetime</u>	<u>10 Year</u>	<u>20 Year</u>
< 40	1.05	N/A	1.01
40-49	1.07	N/A	1.01
50-54	1.09	N/A	1.02
55-59	1.10	N/A	1.03
60-69	1.12	N/A	1.06
70-74	1.11	N/A	1.08
75-79	1.10	N/A	1.08
80+	1.08	N/A	1.06

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Shared Waiver Rider
Form Number: FC-SWR-AR**

If this rider is selected, multiply the annual premium by the appropriate factor below.

<u>Issue Age</u>	<u>All Payment Terms</u>
< 40	1.01
40-49	1.01
50-54	1.01
55-59	1.02
60-69	1.02
70-74	1.03
75-79	1.05
80+	1.06

MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR

Extended Benefit Rider
Form Number: FC-EBR-AR

The following rates are per \$100 daily benefit and are added to the base NH rates:

	2 Year Extended Duration								
	Original Benefit Duration Purchased								
Issue Age	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
18-29	NA	30.00	21.00	18.00	NA	NA	NA	NA	NA
30	NA	31.00	23.00	19.00	NA	NA	NA	NA	NA
31	NA	34.00	24.00	20.00	NA	NA	NA	NA	NA
32	NA	36.00	26.00	21.00	NA	NA	NA	NA	NA
33	NA	38.00	28.00	23.00	NA	NA	NA	NA	NA
34	NA	40.00	29.00	24.00	NA	NA	NA	NA	NA
35	NA	43.00	31.00	26.00	NA	NA	NA	NA	NA
36	NA	46.00	33.00	27.00	NA	NA	NA	NA	NA
37	NA	49.00	35.00	29.00	NA	NA	NA	NA	NA
38	NA	52.00	38.00	30.00	NA	NA	NA	NA	NA
39	NA	55.00	40.00	33.00	NA	NA	NA	NA	NA
40	NA	58.00	42.00	34.00	NA	NA	NA	NA	NA
41	NA	62.00	44.00	37.00	NA	NA	NA	NA	NA
42	NA	66.00	48.00	38.00	NA	NA	NA	NA	NA
43	NA	70.00	51.00	41.00	NA	NA	NA	NA	NA
44	NA	75.00	54.00	44.00	NA	NA	NA	NA	NA
45	NA	80.00	57.00	47.00	NA	NA	NA	NA	NA
46	NA	85.00	61.00	50.00	NA	NA	NA	NA	NA
47	NA	91.00	65.00	53.00	NA	NA	NA	NA	NA
48	NA	97.00	70.00	57.00	NA	NA	NA	NA	NA
49	NA	104.00	75.00	61.00	NA	NA	NA	NA	NA
50	NA	111.00	80.00	64.00	NA	NA	NA	NA	NA
51	NA	118.00	85.00	69.00	NA	NA	NA	NA	NA
52	NA	126.00	90.00	74.00	NA	NA	NA	NA	NA
53	NA	135.00	97.00	79.00	NA	NA	NA	NA	NA
54	NA	144.00	104.00	85.00	NA	NA	NA	NA	NA
55	NA	154.00	110.00	89.00	NA	NA	NA	NA	NA
56	NA	165.00	118.00	95.00	NA	NA	NA	NA	NA
57	NA	177.00	127.00	102.00	NA	NA	NA	NA	NA
58	NA	190.00	136.00	110.00	NA	NA	NA	NA	NA
59	NA	203.00	146.00	118.00	NA	NA	NA	NA	NA
60	NA	217.00	155.00	124.00	NA	NA	NA	NA	NA
61	NA	233.00	166.00	134.00	NA	NA	NA	NA	NA
62	NA	251.00	178.00	144.00	NA	NA	NA	NA	NA
63	NA	275.00	195.00	157.00	NA	NA	NA	NA	NA
64	NA	301.00	215.00	173.00	NA	NA	NA	NA	NA
65	NA	335.00	237.00	191.00	NA	NA	NA	NA	NA
66	NA	368.00	261.00	209.00	NA	NA	NA	NA	NA
67	NA	404.00	286.00	230.00	NA	NA	NA	NA	NA
68	NA	449.00	318.00	255.00	NA	NA	NA	NA	NA
69	NA	499.00	353.00	283.00	NA	NA	NA	NA	NA
70	NA	529.00	374.00	300.00	NA	NA	NA	NA	NA
71	NA	587.00	414.00	332.00	NA	NA	NA	NA	NA
72	NA	651.00	459.00	367.00	NA	NA	NA	NA	NA
73	NA	715.00	503.00	401.00	NA	NA	NA	NA	NA
74	NA	784.00	550.00	439.00	NA	NA	NA	NA	NA
75	NA	847.00	593.00	472.00	NA	NA	NA	NA	NA
76	NA	924.00	645.00	513.00	NA	NA	NA	NA	NA
77	NA	1,007.00	701.00	557.00	NA	NA	NA	NA	NA
78	NA	1,119.00	778.00	618.00	NA	NA	NA	NA	NA
79	NA	1,246.00	863.00	684.00	NA	NA	NA	NA	NA
80	NA	1,384.00	958.00	758.00	NA	NA	NA	NA	NA
81	NA	1,538.00	1,063.00	840.00	NA	NA	NA	NA	NA
82	NA	1,710.00	1,177.00	929.00	NA	NA	NA	NA	NA
83	NA	1,894.00	1,301.00	1,026.00	NA	NA	NA	NA	NA
84	NA	2,094.00	1,434.00	1,128.00	NA	NA	NA	NA	NA
85	NA	2,304.00	1,574.00	1,236.00	NA	NA	NA	NA	NA

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Extended Benefit Rider
Form Number: FC-EBR-AR**

The following rates are per \$100 daily benefit and are added to the base NH rates:

<u>Issue Age</u>	3 Year Extended Duration								
	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
18-29	NA	NA	30.00	21.00	23.00	NA	NA	NA	NA
30	NA	NA	32.00	23.00	24.00	NA	NA	NA	NA
31	NA	NA	34.00	24.00	26.00	NA	NA	NA	NA
32	NA	NA	36.00	25.00	27.00	NA	NA	NA	NA
33	NA	NA	39.00	27.00	29.00	NA	NA	NA	NA
34	NA	NA	41.00	29.00	31.00	NA	NA	NA	NA
35	NA	NA	44.00	31.00	33.00	NA	NA	NA	NA
36	NA	NA	46.00	32.00	35.00	NA	NA	NA	NA
37	NA	NA	49.00	35.00	37.00	NA	NA	NA	NA
38	NA	NA	52.00	36.00	39.00	NA	NA	NA	NA
39	NA	NA	56.00	39.00	42.00	NA	NA	NA	NA
40	NA	NA	58.00	41.00	43.00	NA	NA	NA	NA
41	NA	NA	62.00	44.00	47.00	NA	NA	NA	NA
42	NA	NA	66.00	46.00	50.00	NA	NA	NA	NA
43	NA	NA	70.00	49.00	52.00	NA	NA	NA	NA
44	NA	NA	75.00	53.00	56.00	NA	NA	NA	NA
45	NA	NA	80.00	56.00	60.00	NA	NA	NA	NA
46	NA	NA	85.00	60.00	64.00	NA	NA	NA	NA
47	NA	NA	90.00	64.00	68.00	NA	NA	NA	NA
48	NA	NA	97.00	68.00	72.00	NA	NA	NA	NA
49	NA	NA	104.00	73.00	77.00	NA	NA	NA	NA
50	NA	NA	110.00	77.00	82.00	NA	NA	NA	NA
51	NA	NA	117.00	83.00	87.00	NA	NA	NA	NA
52	NA	NA	125.00	88.00	93.00	NA	NA	NA	NA
53	NA	NA	134.00	94.00	100.00	NA	NA	NA	NA
54	NA	NA	144.00	101.00	106.00	NA	NA	NA	NA
55	NA	NA	152.00	106.00	112.00	NA	NA	NA	NA
56	NA	NA	163.00	114.00	121.00	NA	NA	NA	NA
57	NA	NA	175.00	121.00	129.00	NA	NA	NA	NA
58	NA	NA	188.00	130.00	138.00	NA	NA	NA	NA
59	NA	NA	201.00	140.00	147.00	NA	NA	NA	NA
60	NA	NA	213.00	148.00	156.00	NA	NA	NA	NA
61	NA	NA	229.00	159.00	168.00	NA	NA	NA	NA
62	NA	NA	246.00	170.00	180.00	NA	NA	NA	NA
63	NA	NA	269.00	186.00	198.00	NA	NA	NA	NA
64	NA	NA	296.00	205.00	216.00	NA	NA	NA	NA
65	NA	NA	327.00	226.00	239.00	NA	NA	NA	NA
66	NA	NA	359.00	247.00	262.00	NA	NA	NA	NA
67	NA	NA	394.00	272.00	288.00	NA	NA	NA	NA
68	NA	NA	437.00	302.00	319.00	NA	NA	NA	NA
69	NA	NA	486.00	334.00	354.00	NA	NA	NA	NA
70	NA	NA	515.00	354.00	374.00	NA	NA	NA	NA
71	NA	NA	570.00	391.00	414.00	NA	NA	NA	NA
72	NA	NA	631.00	433.00	458.00	NA	NA	NA	NA
73	NA	NA	691.00	472.00	501.00	NA	NA	NA	NA
74	NA	NA	756.00	516.00	548.00	NA	NA	NA	NA
75	NA	NA	814.00	554.00	587.00	NA	NA	NA	NA
76	NA	NA	886.00	602.00	639.00	NA	NA	NA	NA
77	NA	NA	962.00	653.00	693.00	NA	NA	NA	NA
78	NA	NA	1,068.00	723.00	769.00	NA	NA	NA	NA
79	NA	NA	1,184.00	800.00	851.00	NA	NA	NA	NA
80	NA	NA	1,313.00	886.00	NA	NA	NA	NA	NA
81	NA	NA	1,456.00	981.00	NA	NA	NA	NA	NA
82	NA	NA	1,612.00	1,084.00	NA	NA	NA	NA	NA
83	NA	NA	1,782.00	1,195.00	NA	NA	NA	NA	NA
84	NA	NA	1,962.00	1,313.00	NA	NA	NA	NA	NA
85	NA	NA	2,152.00	1,437.00	NA	NA	NA	NA	NA

MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR
TEN YEAR PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors										Combo Ben Inc	GPO Inflation	Daily Ben Inc
	No Inflation	5% Cmpd - No Max Inflation	5% Compound 2X Inflation	3% Cmpd - No Max Inflation	3% Compound 2X Inflation	5% Simple - No Max Inflation	5% Simple - 2X Max Inflation	3% Simple - No Max Inflation	3% Simple - 2X Max Inflation				
18-29	2.77	3.38	2.93	3.22	2.94	3.12	2.93	3.04	2.94	3.15	NA	2.99	
30	2.76	3.34	2.91	3.18	2.92	3.09	2.91	3.02	2.92	3.12	NA	2.97	
31	2.75	3.30	2.89	3.15	2.90	3.06	2.89	3.00	2.90	3.08	NA	2.95	
32	2.74	3.26	2.87	3.11	2.88	3.04	2.87	2.97	2.88	3.05	NA	2.93	
33	2.72	3.21	2.85	3.08	2.86	3.01	2.85	2.94	2.86	3.01	NA	2.90	
34	2.71	3.17	2.83	3.04	2.84	2.97	2.83	2.92	2.84	2.97	NA	2.88	
35	2.69	3.13	2.80	3.01	2.81	2.94	2.81	2.89	2.82	2.94	NA	2.85	
36	2.67	3.09	2.78	2.97	2.79	2.91	2.78	2.86	2.79	2.90	NA	2.83	
37	2.65	3.04	2.75	2.93	2.76	2.88	2.76	2.83	2.77	2.87	NA	2.80	
38	2.63	3.00	2.73	2.89	2.74	2.84	2.73	2.80	2.74	2.83	NA	2.77	
39	2.61	2.96	2.70	2.86	2.71	2.81	2.70	2.76	2.71	2.79	NA	2.75	
40	2.58	2.91	2.67	2.82	2.68	2.77	2.67	2.73	2.68	2.75	NA	2.72	
41	2.56	2.87	2.64	2.78	2.65	2.74	2.64	2.70	2.65	2.72	NA	2.69	
42	2.53	2.83	2.61	2.74	2.62	2.70	2.61	2.66	2.62	2.68	NA	2.65	
43	2.51	2.78	2.58	2.70	2.59	2.66	2.58	2.63	2.59	2.64	NA	2.62	
44	2.48	2.74	2.55	2.66	2.55	2.63	2.55	2.59	2.56	2.60	NA	2.59	
45	2.45	2.69	2.51	2.62	2.52	2.59	2.51	2.56	2.53	2.56	NA	2.55	
46	2.42	2.65	2.48	2.58	2.49	2.55	2.48	2.52	2.49	2.52	NA	2.52	
47	2.39	2.60	2.44	2.53	2.45	2.51	2.44	2.48	2.46	2.48	NA	2.48	
48	2.36	2.55	2.41	2.49	2.42	2.47	2.41	2.44	2.42	2.44	NA	2.44	
49	2.32	2.51	2.37	2.45	2.38	2.43	2.37	2.40	2.38	2.40	NA	2.40	
50	2.33	2.49	2.37	2.44	2.38	2.42	2.37	2.40	2.38	2.39	NA	2.40	
51	2.29	2.44	2.33	2.39	2.34	2.38	2.33	2.36	2.34	2.34	NA	2.36	
52	2.26	2.39	2.29	2.35	2.30	2.33	2.29	2.31	2.30	2.30	NA	2.32	
53	2.22	2.35	2.25	2.30	2.26	2.29	2.25	2.27	2.26	2.26	NA	2.27	
54	2.18	2.30	2.21	2.26	2.21	2.25	2.21	2.23	2.22	2.22	NA	2.23	
55	2.14	2.25	2.16	2.21	2.17	2.20	2.17	2.19	2.18	2.17	NA	2.19	
56	2.10	2.20	2.12	2.17	2.13	2.16	2.13	2.14	2.14	2.13	NA	2.15	
57	2.06	2.16	2.08	2.12	2.09	2.11	2.08	2.10	2.09	2.08	NA	2.10	
58	2.02	2.11	2.04	2.08	2.05	2.07	2.04	2.06	2.05	2.04	NA	2.06	
59	1.98	2.06	2.00	2.03	2.01	2.02	2.00	2.01	2.01	2.00	NA	2.02	
60	1.94	2.02	1.96	1.99	1.97	1.98	1.96	1.97	1.97	1.95	NA	1.98	
61	1.90	1.97	1.91	1.94	1.92	1.94	1.92	1.93	1.92	1.91	NA	1.93	
62	1.85	1.92	1.87	1.90	1.88	1.89	1.87	1.88	1.88	1.87	NA	1.89	
63	1.81	1.87	1.83	1.85	1.84	1.85	1.83	1.84	1.84	1.82	NA	1.85	
64	1.77	1.83	1.78	1.80	1.79	1.80	1.79	1.79	1.79	1.78	NA	1.80	
65	1.72	1.78	1.74	1.76	1.75	1.76	1.74	1.75	1.75	1.73	NA	1.76	
66	1.68	1.73	1.70	1.71	1.70	1.71	1.70	1.70	1.70	1.69	NA	1.71	
67	1.64	1.69	1.65	1.67	1.66	1.67	1.66	1.66	1.66	1.64	NA	1.67	
68	1.59	1.64	1.61	1.62	1.62	1.62	1.61	1.61	1.61	1.60	NA	1.63	
69	1.55	1.59	1.57	1.58	1.57	1.58	1.57	1.57	1.57	1.56	NA	1.58	
70	1.55	1.59	1.56	1.57	1.57	1.57	1.57	1.57	1.57	NA	NA	1.58	
71	1.51	1.54	1.52	1.53	1.53	1.53	1.53	1.53	1.53	NA	NA	1.54	
72	1.47	1.50	1.48	1.49	1.49	1.49	1.49	1.48	1.48	NA	NA	1.50	
73	1.43	1.46	1.45	1.45	1.45	1.45	1.45	1.45	1.45	NA	NA	1.46	
74	1.40	1.42	1.41	1.41	1.41	1.41	1.41	1.41	1.41	NA	NA	1.42	
75	1.39	1.42	1.41	1.41	1.41	1.41	1.41	1.41	1.41	NA	NA	1.42	
76	1.36	1.38	1.37	1.37	1.37	1.37	1.37	1.37	1.37	NA	NA	1.38	
77	1.33	1.35	1.34	1.34	1.34	1.34	1.34	1.34	1.34	NA	NA	1.35	
78	1.30	1.32	1.31	1.31	1.31	1.31	1.31	1.31	1.31	NA	NA	1.32	
79	1.27	1.29	1.28	1.28	1.28	1.28	1.28	1.28	1.28	NA	NA	1.29	
80	1.24	1.26	1.25	1.25	1.25	1.25	1.25	1.25	1.25	NA	NA	1.26	
81	1.22	1.23	1.23	1.23	1.23	1.23	1.23	1.22	1.22	NA	NA	1.23	
82	1.19	1.21	1.20	1.20	1.20	1.20	1.20	1.20	1.20	NA	NA	1.21	
83	1.17	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	NA	NA	1.18	
84	1.15	1.16	1.16	1.16	1.16	1.16	1.16	1.16	1.16	NA	NA	1.16	
85	1.13	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	NA	NA	1.14	

MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR
TWENTY YEAR PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors										Combo Ben Inc	GPO	Daily Ben Inc
	No Inflation	5% Cmpd - No Max Inflation	5% Compound 2X Inflation	3% Cmpd - No Max Inflation	3% Compound 2X Inflation	5% Simple - No Max Inflation	5% Simple - 2X Max Inflation	3% Simple - No Max Inflation	3% Simple - 2X Max Inflation				
18-29	1.62	1.88	1.68	1.80	1.68	1.76	1.68	1.73	1.68	1.77	NA	1.71	
30	1.61	1.86	1.67	1.78	1.67	1.75	1.67	1.72	1.67	1.75	1.61	1.70	
31	1.60	1.84	1.65	1.76	1.66	1.73	1.65	1.70	1.66	1.73	1.60	1.68	
32	1.59	1.82	1.64	1.75	1.65	1.71	1.64	1.69	1.65	1.71	1.59	1.67	
33	1.58	1.79	1.63	1.73	1.63	1.69	1.63	1.67	1.63	1.69	1.58	1.66	
34	1.57	1.77	1.61	1.71	1.62	1.68	1.61	1.65	1.62	1.67	1.57	1.64	
35	1.56	1.75	1.60	1.69	1.60	1.66	1.60	1.64	1.61	1.65	1.56	1.63	
36	1.55	1.72	1.58	1.67	1.59	1.64	1.59	1.62	1.59	1.63	1.55	1.61	
37	1.53	1.70	1.57	1.65	1.57	1.62	1.57	1.60	1.58	1.61	1.53	1.60	
38	1.52	1.68	1.55	1.63	1.56	1.60	1.56	1.59	1.56	1.59	1.52	1.58	
39	1.51	1.65	1.54	1.61	1.54	1.59	1.54	1.57	1.54	1.57	1.51	1.56	
40	1.49	1.63	1.52	1.59	1.53	1.57	1.52	1.55	1.53	1.55	1.49	1.55	
41	1.48	1.61	1.50	1.57	1.51	1.55	1.51	1.53	1.51	1.53	1.48	1.53	
42	1.46	1.58	1.49	1.54	1.49	1.53	1.49	1.51	1.49	1.51	1.46	1.51	
43	1.45	1.56	1.47	1.52	1.47	1.51	1.47	1.49	1.48	1.49	1.45	1.49	
44	1.43	1.54	1.45	1.50	1.46	1.49	1.45	1.47	1.46	1.47	1.43	1.48	
45	1.42	1.51	1.43	1.48	1.44	1.47	1.44	1.46	1.44	1.45	1.42	1.46	
46	1.40	1.49	1.42	1.46	1.42	1.45	1.42	1.44	1.42	1.43	1.40	1.44	
47	1.38	1.47	1.40	1.44	1.40	1.43	1.40	1.42	1.40	1.41	1.38	1.42	
48	1.36	1.45	1.38	1.42	1.38	1.41	1.38	1.40	1.39	1.39	1.36	1.40	
49	1.35	1.42	1.36	1.40	1.37	1.39	1.36	1.38	1.37	1.37	1.35	1.38	
50	1.34	1.41	1.35	1.39	1.36	1.38	1.36	1.37	1.36	1.36	1.34	1.37	
51	1.33	1.39	1.34	1.37	1.34	1.36	1.34	1.35	1.34	1.34	1.33	1.35	
52	1.31	1.36	1.32	1.34	1.32	1.34	1.32	1.33	1.32	1.32	1.31	1.33	
53	1.29	1.34	1.30	1.32	1.30	1.32	1.30	1.31	1.30	1.30	1.29	1.31	
54	1.27	1.32	1.28	1.30	1.28	1.29	1.28	1.29	1.28	1.28	1.27	1.29	
55	1.25	1.30	1.26	1.28	1.26	1.27	1.26	1.27	1.27	1.26	1.25	1.27	
56	1.23	1.28	1.24	1.26	1.24	1.25	1.24	1.25	1.25	1.24	1.23	1.25	
57	1.22	1.25	1.22	1.24	1.23	1.23	1.22	1.23	1.23	1.22	1.22	1.23	
58	1.20	1.23	1.20	1.22	1.21	1.22	1.2	1.21	1.21	1.2	1.20	1.22	
59	1.18	1.21	1.19	1.20	1.19	1.2	1.19	1.19	1.19	1.19	1.18	1.20	
60	1.16	1.19	1.17	1.18	1.17	1.18	1.17	1.18	1.17	1.17	1.16	1.18	
61	1.15	1.17	1.15	1.16	1.15	1.16	1.15	1.16	1.16	1.15	1.15	1.16	
62	1.13	1.15	1.14	1.15	1.14	1.14	1.14	1.14	1.14	1.13	1.13	1.14	
63	1.11	1.14	1.12	1.13	1.12	1.13	1.12	1.12	1.12	1.12	1.11	1.13	
64	1.10	1.12	1.10	1.11	1.11	1.11	1.1	1.11	1.11	1.1	1.10	1.11	
65	1.08	1.10	1.09	1.10	1.09	1.09	1.09	1.09	1.09	1.09	1.08	1.10	
66	1.07	1.09	1.07	1.08	1.08	1.08	1.07	1.08	1.08	1.07	1.07	1.08	
67	1.06	1.07	1.06	1.07	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.07	
68	1.04	1.06	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.04	1.05	
69	1.03	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.03	1.04	
70	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	NA	1.06	1.06	
71	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	NA	1.05	1.05	
72	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	NA	1.04	1.04	
73	1.03	1.04	1.03	1.04	1.03	1.03	1.03	1.03	1.03	NA	1.03	1.04	
74	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	NA	1.03	1.03	
75	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	NA	1.02	1.02	
76	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	NA	1.02	1.02	
77	1.01	1.02	1.01	1.02	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.02	
78	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
79	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
80	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
81	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
82	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
83	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
84	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	
85	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	NA	1.01	1.01	

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

**Shared Extended Benefit Rider
Form Number: FC-SEBR-AR**

2 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	1.28	1.18	1.11	1.07	1.05	1.02	1.02	N/A
50+	N/A	1.33	1.20	1.11	1.07	1.05	1.02	1.02	N/A

3 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	N/A	1.22	1.14	1.09	1.06	1.03	N/A	N/A
50+	N/A	N/A	1.24	1.15	1.09	1.06	1.03	N/A	N/A

4 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	N/A	N/A	1.15	1.10	1.07	N/A	N/A	N/A
50+	N/A	N/A	N/A	1.16	1.10	1.07	N/A	N/A	N/A

5 Year Extended Shared Duration

Issue Age	Original Benefit Duration Purchased								
	1 Year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	10 year
<50	N/A	N/A	N/A	N/A	1.11	N/A	N/A	N/A	N/A
50+	N/A	N/A	N/A	N/A	1.11	N/A	N/A	N/A	N/A

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

Risk Classifications

Marital Status

Multiply the annual premium by the appropriate factor below based on marital and insured status.

<u>Marital Status</u>	<u>Factors</u>
Single	1.00
Married one insured	0.85
Married *	0.75
Married Both insured	0.70

* applies to Employee Sponsored Plans

Medical Underwriting

Underwriting rate class is determined by a point value system. Point values for each medical condition indicated from the application process are added together to determine the underwriting rate class. Multiply the annual premium by the appropriate factor below.

<u>Rate Class</u>	<u>Factors</u>
I	0.90
II	1.00

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

Discounts

Employer Sponsored:	10% discount
Affiliation and Multi life:	5% or 10% discount

**MedAmerica Insurance Company
Flex Care - Facilities Only Policy
Form Number: FC-337-AR**

Modal Factors

Multiply the annual premium by the appropriate factor below based on the modal factor selected.

Payment Mode	<u>Factors</u>
Bi-Weekly	0.0415
Monthly	0.0900
Quarterly	0.2600
Semi-Annually	0.5150
Annually	1.0000

SERFF Tracking Number:	MEAM-126885717	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	47227
Company Tracking Number:	FC-336-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
Product Name:	FC-336-AR		
Project Name/Number:	FC-336-AR/		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved	12/09/2010
Comments:			
Attachment:			
FC Flesch Score.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Application	Approved	12/09/2010
Comments:			
Attachment:			
FC-345-AR.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Outline of Coverage	Approved	12/09/2010
Comments:			
Attachment:			
FC-151-AR.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Cover letter	Approved	12/09/2010
Comments:			
Attachment:			
FILE LETTER AR.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Forms List	Approved	12/09/2010
Comments:			

SERFF Tracking Number: MEAM-126885717 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 47227
Company Tracking Number: FC-336-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership
Product Name: FC-336-AR
Project Name/Number: FC-336-AR/

Attachment:

FC FORMS LIST AR.pdf

	Item Status:	Status Date:
Satisfied - Item: Partnership Certification Form	Approved	12/09/2010
Comments:		
Attachment:		
Partnership Certification Form AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Previously Approved Forms	Approved	12/09/2010
Comments:		
These forms are attached here as they were previously approved.		
Attachments:		
200A.pdf		
200B.pdf		
200I.pdf		
202 rev.pdf		
S2-103.pdf		
S2-150.pdf		
S2-150A.pdf		

	Item Status:	Status Date:
Satisfied - Item: redlines	Approved	12/09/2010
Comments:		
Attachment:		
FC-336-AR.pdf		

CERTIFICATION

This is to certify that the forms listed below exceed the Flesch Reading Ease test score minimum of 40 in compliance with Arkansas insurance policy readability law:

Form Name	Form Number
Long-Term Care Insurance Policy - Comprehensive	FC-336-AR
Long-Term Care Insurance Policy – Facilities Only	FC-337-AR
Policy Schedule Page (Located within the Policy)	FC-238-AR
Shared Waiver Rider	FC-SWR-AR
Extended Benefit Rider	FC-EBR-AR
Shared Extended Benefit Rider	FC-SEBR-AR
Survivor Benefit Rider	FC-SVR-AR
Restoration of Benefits Rider	FC-ROBR-AR
Graded Return of Premium Upon Death Rider	FC-GROPR-AR
Return of Premium Upon Death Rider	FC-ROPR-AR
Monthly Assisted Living Facility, Home Health Care, and Adult Day Care Benefit Rider	FC-MBR-AR
Monthly Cash Benefit Rider	FC-CASHR-AR
Non-Forfeiture Shortened Benefit Period Rider	FC-SBPR-AR
20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care and Adult Day Care Rider	FC-EPR-AR
Combination Benefit Increase Rider	FC-CBIR-AR
Simple Inflation – No Maximum Rider	FC-SIMP-AR
Simple Inflation – 2X Maximum Rider	FC-SIMP2X-AR
Compound – No Maximum Rider	FC-CMP-AR
Compound – 2X Maximum Rider	FC-CMP2X-AR
Guaranteed Purchase Option Rider	FC-GPOR-AR
Daily Benefit Increase Rider	FC-DBIR-AR
Application	FC-345-AR

This Policy and these forms were scored together.

Certification by:


William E. Jones, Jr.

President

Title

Producer's Name _____ Producer's Writing Number _____
Application is for: ☐ New Coverage ☐ Upgrade of Policy Number _____

SECTION 1: PERSONAL INFORMATION

Applicant's Name (Please Print)			Sex	Date of Birth			Age	Height	Weight
First	MI	Last		Month	Day	Year			
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Street Address (No PO Box) _____
City _____ State _____ Zip _____
Mailing/Delivery Street Address (If different) _____
City _____ State _____ Zip _____
Social Security Number _____ Email _____
Daytime Phone _____ Evening Phone _____ Best Time to Call ☐ AM ☐ PM

SECTION 2: BENEFICIARY (Optional) A Beneficiary is a person(s) named by You to receive any premiums that may be due in the event of Your death.

Name _____ Relationship to Applicant _____
Phone _____ Street Address _____
City _____ State _____ Zip _____

[SECTION 3: CURRENT EMPLOYMENT STATUS (Answer this section if applying through an approved Employer Program.)

	YES	NO
3a. Do you work outside your home for at least 30 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>
3b. Have you been absent due to illness or injury for more than 5 consecutive days over the last 180 days?.....	<input type="checkbox"/>	<input type="checkbox"/>
3c. Employer Name _____ Phone Number _____ (If not the employer offering the program.)		
3d. Are you Self Employed?.....	<input type="checkbox"/>	<input type="checkbox"/>
3e. New Hire? Date of Hire _____	<input type="checkbox"/>	<input type="checkbox"/>
I authorize my Employer to verify my employment status for MedAmerica Insurance Company (the Company) by phone or by census. If I am self employed, I understand that a representative of the Company will contact me to confirm my Actively at Work status.]		
3f. [I am the <input type="checkbox"/> Employer/Member] <input type="checkbox"/> Retiree <input type="checkbox"/> Board Member <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Family Member: Relationship _____]		

OFFICE USE ONLY

App. Rec _____ App Status _____ UW Date _____ Init _____
☐ Preferred ☐ Standard Effective Date _____

SECTION 4: MARITAL STATUS (Select one of the following):

- ☐ **Married/Domestic Partner*** You have a Spouse/Domestic Partner who is: ☐ Applying for coverage at the same time, or
☐ Already has a MedAmerica long term care policy.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse/Domestic Partner's First Name	Spouse/Domestic Partner's Last Name	Spouse/Domestic Partner's SSN

- ☐ **One Spouse/Domestic Partner*** You have a Spouse/Domestic Partner, but who is not applying for coverage.
- ☐ **Individual** You do not have a Spouse/Domestic Partner. Single or Widowed

*If you are applying as a Domestic Partner, the Domestic Partner Statement must be signed.

SECTION 5: BENEFIT SELECTION (Complete all of the following):

- 5a. **Plan Type** (Select one): ☐ Comprehensive (FC-336-AR) ☐ Facilities Only (FC-337-AR)
- The Maximum Assisted Living Facility Benefit is 75% of the Maximum Nursing Home Benefit.]

5b. **Daily Benefit:**

Maximum Nursing Home Benefit (NH)\$ per day [(Minimum \$50 – Maximum \$500; Multiples of \$10)]

Maximum Assisted Living Facility (ALF), Home Health Care (HHC) and Adult Day Care Benefit (ADC) (Select one):

☐ 50%¹ ☐ 75% ☐ 100% ☐ 125%¹

[¹ Not Available with the Monthly Cash Benefit Rider]

5c. **Benefit Duration** (Select One):

☐ 365 Days ☐ 730 Days ☐ 1095 Days ☐ 1460 Days ☐ 1825 Days
☐ 2190 Days ☐ 2555 Days ☐ 2920 Days² ☐ 3650 Days²

[² 2920 and 3650 days not available to applicant over age 79.]

5d. **Elimination Period** (Select One):

☐ 20 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days
☐ 100 Days ☐ 180 Days ☐ 365 Days

5e. **Benefit Increase Option:** (Select One):

☐ 3% Simple – No Maximum ☐ 5% Simple – No Maximum ☐ Guaranteed Purchase Option³
☐ 3% Simple – 2x Maximum ☐ 5% Simple – 2x Maximum ☐ Combination Benefit Increase⁴
☐ 3% Compound – No Maximum ☐ 5% Compound – No Maximum ☐ Daily Benefit Increase
☐ 3% Compound – 2x Maximum ☐ 5% Compound – 2x Maximum ☐ None]

[³ Not available after age 72, Not Available with Shared Extended Benefit Rider and ONLY Available with Lifetime Payment Period.]

[⁴ Not available after age 69.]

5f. **Optional Benefits:**

☐ **20 Calendar Day Elimination Period for ALF, HHC, ADC Rider]**

- Not available with Monthly Cash Benefit Rider.
- Not available with the Facilities Only Policy.
- Not available with 20 or 30 day Elimination Period]

☐ **Monthly ALF, HHC, ADC Benefit Rider]**

- Not available with Monthly Cash Benefit Rider.
- Not available with the Facilities Only Policy.]

☐ **Monthly Cash Benefit Rider]**

- Not available with Monthly ALF, HHC, ADC Benefit Rider
- Not available with 20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care, & Adult Day Care Rider
- Not available with the Facilities Only Policy.
- Not available with 50% or 125% options for Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit.
- Not available with 20 day Elimination Period
- Not available with Extended Benefit Rider]

☐ **Restoration of Benefits Rider]**

- Not available with Shared Extended Benefit Rider.
- Not available with 365 days (1yr) Benefit Duration.
- Not available with Elimination Periods greater than 100 days.]

☐ **Extended Benefit Rider (If Yes, Select One):]**

☐ 730 Days⁵] ☐ 1095 Days⁶]

- Not available with the Shared Extended Benefit Rider.
- Not available with No Inflation
- Not available with Combination Benefit Increase
- Not available with Guaranteed Purchase Option
- Not available with Daily Benefit Increase
- Not available with Month Cash Benefit Rider]

⁵ Only available with Benefit Durations 730, 1095 and 1460 days]

⁶ Only available with Benefit Durations 1095, 1460, and 1825 days]

☐ **Limited Premium Payment Period (Select One):]**

☐ 10 Years] ☐ 20 Years]

☐ **Return of Premium Rider (Select One):]**

☐ Return of Premium Upon Death Rider]

- Not available with Graded Return of Premium Rider.
- Not available to applicants age 76 and over.]

☐ Graded Return of Premium Upon Death Rider]

- Not available with Return of Premium Rider.
- Not available to applicants age 66 and over.]

☐ **Non-forfeiture Shortened Benefit Period Rider**

5g. **Optional Benefits for Spouse/Domestic Partner:**

- Both Spouse/Domestic Partner must purchase and maintain the rider and the riders must have the same effective date.
- If one Spouse/Domestic Partner is not Eligible or does not apply, they must apply within 6 months of the original Spouse/Domestic Partner and the original Spouse/Domestic Partner can not be Eligible for Benefits at the time the Rider is requested.
- Not available if Spouse/Domestic Partners' issue age difference is more than 15 years.]

☐ **Survivor Benefit Rider]**

- Not available with 10 Pay Premium Payment Period.]

☐ **Shared Waiver Rider]**

- Both Spouse/Domestic Partners must purchase and maintain identical coverage.]

☐ **Shared Extended Benefit Rider (If Yes, Select One):]**

☐ 730 Days (2 Years)] ☐ 1460 Days (4 Years)]

☐ 1095 Days (3 Years)] ☐ 1825 Days (5 Years)]

- Not available with the Restoration of Benefits Rider.]
- Not available with the Extended Benefit Rider.]
- Not available with the Guaranteed Purchase Option.]
- Not available with the Daily Benefit Increase Rider.]
- The Shared Extended Benefit can not be greater than the base benefit and the sum of the base and the Shared Extended Base can not exceed 10 years.]
- Both Spouse/Domestic Partners must purchase and maintain identical coverage.]

SECTION 6: INSURANCE HISTORY

YES NO

6a. Are you covered by a state assistance program (Medicaid)?..... ☐ ☐

If YES, as a Medicaid recipient you probably should not apply for this coverage.

We recommend ending the application at this point.

6b. Do you currently or have you had in the last 12 months another nursing home (NH), home health care, long term care insurance policy, rider or certificate in force? **If Lapsed, Provide Term Date** ☐ ☐

If YES, please provide the following information. (Please use extra paper if needed)

Company..... **Still In Force**..... ☐ ☐

Street..... City..... State..... Zip.....

Policy Type: ☐ NH & Home Care ☐ NH Only ☐ Home Care Only

Policy Number..... Daily Benefit Amount..... Years Coverage..... Effective Date..... Term Date.....

- 6c. Are you allowing any other nursing home (NH), home health care, long term care insurance policy, rider or certificate to lapse or do you intend to replace any other nursing home, home health care, long term care insurance policy, rider or certificate with this policy? **If Lapsed, Provide Term Date** ☐ YES ☐ NO

[If YES, You must sign both Notices Regarding Replacement of Accident and Sickness or Long term Care Insurance Forms. Submit Company Copy with this Application and retain the Applicant Copy.]

Company **Still In Force** ☐ YES ☐ NO

Street City State Zip

Policy Type: ☐ NH & Home Care ☐ NH Only ☐ Home Care Only

Policy Number Daily Benefit Amount Years Coverage Effective Date Term Date

SECTION 7: UNDERWRITING

[PART A You must answer each question by checking YES or NO.

YES NO

- 7a. **Have you ever** received Medical Advice, Consultation, or Treatment for any of the following conditions? ☐ ☐

- | | | |
|--|--|--|
| • Diabetes Treated with Insulin | • Psychosis, Mental Retardation | • Brain or Spinal Tumors-benign or malignant |
| • Any Diabetes with Skin Ulcers | • Amyotrophic Lateral Sclerosis (ALS), Myasthenia Gravis | • Metastatic Cancer, Multiple Myeloma |
| • Multiple Joint Replacements OR Any Joint Deformities | • Multiple Sclerosis | • Pulmonary Embolism |
| • Kidney Disease | • Parkinson's Disease/Parkinsonism | • Carotid Artery Disease |
| • Liver Cirrhosis | • Muscular or Neurological Conditions causing Limits | • Peripheral Vascular Disease |
| • Hepatitis B, C, D, or E | • Post-Polio Syndrome | • AIDS – [Answer “yes” if you have <u>actually been diagnosed</u> as having AIDS. You need <u>not</u> answer “yes” if you have only tested positive for Human Immunodeficiency Virus (HIV).] |
| • Stroke or Transient Ischemic Attack (TIA) | • Lupus (SLE) | |
| • Memory Loss, Alzheimer's Disease, or Dementia | • Scleroderma | |
| • Bipolar Disorder, Schizophrenia, | • Amputation-Due to Disease | |
| | • Organ or Bone Marrow Transplants | |

- 7b. **In the PAST YEAR:** Have you needed assistance or supervision in taking medication, or performing activities of daily living: Bathing, Continence, Dressing, Eating, Toileting, Transferring? ☐ ☐

- 7c. **In the PAST YEAR:** Have used any Medical Equipment: Wheelchair, Walker, Motorized Scooter, Quad Cane, Canadian Crutches, Catheters, Ventilators, Oxygen, Stair lift, or Home Intravenous Medications? ☐ ☐

- 7d. **In the PAST YEAR:** Have you been admitted to a nursing home, assisted living facility, psychiatric hospital, OR alcohol/drug rehabilitation? ☐ ☐



STOP! If any questions in PART A is answered “YES” we cannot offer coverage at this time. DO NOT SUBMIT APPLICATION.

[PART B You must answer each question by checking YES or NO.

YES NO

- 7e. **In the PAST YEAR:** Have you been hospitalized overnight (*except for uncomplicated childbirth*) OR been advised to have surgery, OR been diagnosed with cancer AND received OR been advised to receive Radiation or Intravenous Chemotherapy? ☐ ☐

- 7f. **In the PAST YEAR:** Have you been referred to or received medical advice, consultation or treatment from any physician specializing in any of the following: Neurology (*Nerves*), Nephrology (*Kidney/Renal*), Pulmonary (*Respiratory*), OR Hematology (*Blood*)? ☐ ☐

- 7g. **In the PAST YEAR:** Have you been declined, postponed, or had your benefits modified for a long term care application? ☐ ☐

[PART C You must answer each question.

7h. Complete the following information regarding your nonprescription or prescription medications. ☐ No Medications

Medication	Dosage (x/day)	Reason Taking	# Months on Med

7i. Physicians: List all physicians seen in the last 5 years.

Physician(s) Name	Street Address	City, State, Zip	Phone Number	Date Last Seen]
Primary:				
Other (specialty):				

[PART D You must answer each question by checking YES or NO. YES NO

During the past 5 Years have you consulted with a medical professional, had surgery for, been hospitalized for, had therapy or rehabilitation services from a medical professional for, or taken any medication for any condition(s) or symptom(s) of the following (j-r)?

- 7j. Any Heart, Circulatory, Vascular, or Blood problems? ☐ YES ☐ NO
Examples (List not all inclusive): Aneurysms, Strokes, TIA, Heart Attack, Angina, Dizziness, Pacemaker, Chest Pain, Irregular Heartbeat, Vascular Headaches, Peripheral Vascular Disease, Carotid Disease, Thrombocytopenia, Anemia and Hypertension
- 7k. Any Bone, Joint, Muscular or Connective Tissue problems? ☐ YES ☐ NO
Examples (List not all inclusive): Arthritis, Osteoporosis, Osteopenia, Back Problems, Paget’s Disease, Polymyalgia, Rotator Cuff Tear, Bunion Surgery, Spinal Stenosis, Connective Tissue Disease
- 7l. Any Respiratory Problems? ☐ YES ☐ NO
Examples (List not all inclusive): Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Emphysema, Bronchitis, Sarcoidosis
- 7m. Any Endocrine Problems? ☐ YES ☐ NO
Examples (List not all inclusive): Diabetes, Thyroid problem, Hormone Replacement, Pancreatitis, Hyperparathyroidism
- 7n. Any Neurological, Eye or Ear Problems? ☐ YES ☐ NO
Examples (List not all inclusive): Bell’s Palsy, Blindness, Carpal Tunnel, Cerebral Palsy, Epilepsy, Parkinson’s Restless Leg, Seizure Disorder, Tremors, Unsteadiness, Loss of Balance, Falls, Glaucoma, Macular Degeneration
- 7o. Any Mental, Alcohol or Drug Problems? ☐ YES ☐ NO
Examples (List not all inclusive): Anxiety, Depression, Alcoholism, Manic Depression, Memory Loss
- 7p. Any Digestive, Bladder, or Kidney Problems? ☐ YES ☐ NO
Examples (List not all inclusive): Colitis, Colon Polyps, Gallbladder Disease, GI Bleed, Hiatal Hernia, Loss of Appetite, Nephrectomy, Renal Disease, Prostate Enlargement, Stress Incontinence, Weight Gain, Weight Loss, Dyspepsia
- 7q. Any Cancer? ☐ YES ☐ NO
Examples (List not all inclusive): Breast Cancer, Prostate Cancer, Uterine Cancer, Thyroid Cancer, Leukemia, Skin Cancer
- 7r. In the past 2 years have you used tobacco products? ☐ YES ☐ NO

If “YES,” Type _____ Amount/Frequency: _____ If quit, give date _____

Details of Diagnoses: includes Date of Onset, Tests/Treatments/Follow-up over the last 5 Years for all conditions.
Use extra sheet of paper if needed.

Description of Conditional/Problem	Date of Onset MM/YYYY	Type of Tests/Treatment/Follow-up/Medication Changes in the last 5 years	# Months Stable (No Change in Treatment)]

SECTION 8: SIGNATURES AND AUTHORIZATIONS *To be completed by ALL applicants.*

- 8a. **[FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which is a crime that may subject such person to criminal and/or civil penalties.]
- 8b. **PROTECTION AGAINST UNINTENDED LAPSE:** I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this insurance policy for nonpayment of premium. I understand that notice will not be given until **31 days after** a premium is due and unpaid. I understand, also, that I have the right not to appoint a lapse designee. Therefore, **I select one of the following options:**

- ☐ **I elect NOT to designate** any person to receive such notice.
- ☐ **I designate** the person listed below to be notified by MedAmerica Insurance Company if my premium is not paid:

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

- 8c. **INFLATION PROTECTION OPTION:** I have reviewed the Outline of Coverage and the graph that compare the benefits and premiums of this Policy with and without inflation protection, and

- ☐ **I ACCEPT** inflation protection.
- ☐ **I REJECT** inflation protection.

- 8d. **NON-FORFEITURE SHORTENED BENEFIT PERIOD RIDER:** I have reviewed the Outline of Coverage describing the available nonforfeiture benefit rider, and

- ☐ **I ACCEPT** the Non-forfeiture Shortened Benefit Period Rider.
- ☐ **I REJECT** the Non-forfeiture Shortened Benefit Period Rider.

8e. **DECLARATION AND APPLICATION CONDITIONS**

[To the best of my knowledge and belief, I have answered all questions completely and truthfully.] I understand this application is for consideration and the company will use this application or require, at their expense, that I see a health care professional to determine if my application is accepted. I understand that the premium for the coverage I have applied for is based on medical underwriting. The premium I was quoted includes certain assumptions regarding my health. Therefore, the premium for my policy may be different from the premium I was quoted. My coverage will begin when I am notified of the effective date of coverage, or if selected, my alternate effective date. To receive benefits under this policy, I understand I must satisfy the elimination period and the benefit eligibility requirements as set forth in the policy.

I acknowledge receipt of the Outline of Coverage, Suitability Personal Worksheet *(if applicable in my state)*, Rate and Disclosure Form *(if applicable in my state)*, and appropriate Shopper's Guide.

I understand the Producer or Broker of Record for my Policy, and any managing entities *(which may include an affiliate of the Company)*, may receive compensation, monetary and/or non-monetary, as a result of my purchasing this insurance.

[CAUTION: If your answers on this application are incorrect or untrue, or you fail to include all material medical information requested, MedAmerica Insurance Company has the right to deny benefits or rescind your policy.

I understand that with this signature I am agreeing with all applicable conditions contained in this Section.

Dated at City _____ State _____ Month _____ Day _____ Year _____

Applicant's Signature **X** _____]

SECTION 9: EFFECTIVE DATE REQUEST (Select one of the following):

☐ Date of Application ☐ Date of Approval ☐ List Bill (The Effective Date will be determined by MedAmerica Insurance Company)]

☐ Same as Spouse/Domestic Partner: _____ ☐ Other Requested Date: _____
(No more than 90 days from date of Application)]

SECTION 10: PREMIUM PAYMENT METHOD (Select one of the following):

<input type="checkbox"/> Direct Bill] Premium Mode: <input type="checkbox"/> Quarterly] <input type="checkbox"/> Annual] <input type="checkbox"/> Semi-Annual]	<input type="checkbox"/> List Bill (Check this box if:)] [100% Employer/Association Paid: The Employer/Association is paying the entire premium for the benefits chosen at the time of enrollment.]
---	--

Alternate Billing Address: Address that applicant is requesting billing be mailed to **IF** different than the Applicant Address.

Name _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

☐ **Electronic Funds Transfer (EFT)*** (Sign authorization below)
Premium Mode: ☐ Monthly] ☐ Quarterly] ☐ Semi-Annual] ☐ Annual]

_____	_____	_____
Bank Name	Bank Account Number	Routing Number]

[Requires Minimum of 2 months Conditional Premium. Attached Voided Check if Requesting EFT from Different Bank than Conditional Premium Check.]

☐ **Credit Card*** (Sign authorization below)
Premium Mode: ☐ Monthly] ☐ Quarterly] ☐ Semi-Annual] ☐ Annual]

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	_____	_____
	Credit Card Number	Expiration Date MM/YY]

[*Authorization for EFT and Credit Card: Required IF Choosing EFT OR Credit Card Payment Method

I authorize my financial institution or credit card company to automatically make payments to MedAmerica Insurance Company for my insurance. This authorization shall remain in force until I give notification of termination to my financial institution and MedAmerica Insurance Company in writing.

_____	_____
Account Holder Signature	Joint Account Holder Signature]

☐ **Payroll Deduction** (Available only if approved by Employer/Association)

I authorize the party responsible for my payroll to deduct the applicable premium from my salary for the insurance coverage. I may revoke this authorization at any time by written notice to my Employer/Association OR to MedAmerica Insurance Company.

_____	X _____
Print Name of Employees/Association Member (First, Last Name)	Employee/Association Member Signature

Eligible Census ID: SSN, Employer ID or DOB [(Required if Employee/Association Member is NOT the Applicant)]

SECTION 11: PRODUCER STATEMENT

YESNO

11a. Has the Applicant purchased any other health insurance policy from you during the past five (5) years? ☐ YES ☐ NO

If Yes, provide the following information: In Force

COMPANY	TYPE OF POLICY	POLICY NUMBER	YES	NO
<div></div>	<div></div>	<div></div>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>	<div></div>	<div></div>	<input type="checkbox"/>	<input type="checkbox"/>

11b. By my signature on this form I certify that:

- I have reviewed the current health insurance coverage of the Applicant and find that additional coverage of the type and amount applied for is appropriate for the Applicant’s needs.
- I have consulted with the Applicant and have accurately recorded information supplied to me by the Applicant at the time application was made.
- I am in compliance with the Long Term Care Insurance requirements in the state of residence of the Applicant as shown on his/her/ their Application.
- I have delivered the Outline of Coverage, Suitability Personal Worksheet (where required), and Rate Disclosure Form (where required), and appropriate Shopper’s Guide to the Applicant at the first time of solicitation.

Soliciting Producer’s Name (Please Print) Writing #

Agency Name Phone

Soliciting Producer’s Signature

X

 Date

YESNO

11c. Are you SPLITTING the Commission Payment? ☐ YES ☐ NO

If YES, List all producers receiving compensation, their Writing Number(s), and % splits.
The first producer listed **MUST** be the soliciting producer and the producer of record. Case splits must total 100%.
(Only Licensed and Appointed Producers/Brokers may receive compensation.)

Soliciting Producer’s Name	<div></div>	Writing #	<div></div>	%
	First Name, Last Name (Please Print)			
[Co-Producer’s Name	<div></div>	Writing #	<div></div>	%
	First Name, Last Name (Please Print)			
Co-Producer’s Name	<div></div>	Writing #	<div></div>	%
	First Name, Last Name (Please Print)			
Co-Producer’s Name	<div></div>	Writing #	<div></div>	%
	First Name, Last Name (Please Print)			

SECTION 12: RATE CLASS APPLIED FOR: (Attached proposal):

☐ Preferred ☐ Standard

SECTION 13: ADDITIONAL PREMIUM INFORMATION

Modal Premium Quoted \$ Conditional Premium with Application \$

SECTION 14: HIPAA MEDICAL AUTHORIZATION *(Uses and Disclosures of Medical Information) Must be signed by ALL applicants.*

This is a HIPAA Compliant Authorization. “HIPAA” is the Health Insurance Portability and Accountability Act of 1996, as amended.

I hereby authorize the following uses and disclosures of medical information about me.

From Me. I agree to permit company representatives to contact me to ascertain my health status to determine if my application is accepted.

From My Health Care Providers. I authorize any physician, medical practitioner, hospital, clinic or other health care provider or health related facility, including but not limited to those listed above, insurance or reinsurance company or employer, having information available as to any diagnosis, treatment and prognosis with respect to any of my physical or mental conditions and/or treatments, to furnish MedAmerica Insurance Company and/or designated business associates acting as insurance support organizations on MedAmerica Insurance Company’s behalf any such protected health information, which may include my entire medical record, needed to determine my eligibility for insurance. THIS AUTHORIZATION EXPRESSLY INCLUDES INFORMATION ABOUT DRUGS, ALCOHOLISM, MENTAL ILLNESS AND COMMUNICABLE DISEASES. This authorization does not include psychotherapy notes. Regulations require a separate authorization for psychotherapy notes. We will contact you if we determine that such an authorization is needed.

For 24 Months. I agree that this authorization will be valid for 24 months from the date signed below and that a photocopy shall be as valid as this original. You may revoke this authorization at any time by giving written notice of revocation to the [LTC Privacy Officer, PO Box 41930, Rochester, New York 14604 or LTCPrivacy.Officer@MedAmericaLTC.com]. Revocation will not affect any action taken in reliance on this authorization before written notice of revocation is received.

Your Rights. Although voluntary, this authorization is required to determine your eligibility for enrollment. If you choose not to complete this authorization, we will be unable to determine your eligibility for insurance. By signing this authorization, you acknowledge that if you authorize a person or organization to receive your protected health information that is not a health plan, covered health care provider or health care clearinghouse subject to federal health information privacy laws, or subject to the prohibitions of a Business Associate Agreement, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

Applicant’s Name *(Print)*

Applicant’s Date of Birth

Applicant’s Social Security Number

X

Applicant’s Signature

Date

A signed copy of this form will be provided with the policy if issued and any other time upon request.



LONG TERM CARE INSURANCE - OUTLINE OF COVERAGE
Comprehensive Policy Number FC-336-AR
Facilities Only Policy Number FC-337-AR
for Individual Sales

Caution: The issuance of this Long Term Care Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the Company has the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the Company at the address above.

Notice to Buyer: This Policy may not cover all of the costs associated with LONG TERM CARE incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

1. **POLICY:** This Policy is an individual Policy of insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE:** This Outline of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES:** This Policy is intended to be a federally tax-qualified Long Term Care insurance contract under section 7702B(b) of the Internal Revenue Code, as amended.
4. **TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED:**
 - (a) **RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE.** This means that You have the right, subject to the terms of Your Policy, to continue Your Policy as long as You pay Your premiums on time. MedAmerica Insurance Company cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY CHANGE THE PREMIUM YOU PAY. Where applicable, premium increases must be approved by the State Department of Insurance.
 - (b) **WAIVER OF PREMIUM:** Your premium payments will be waived on a monthly basis starting on the first day We pay for Nursing Home, Assisted Living Facility, Home Health Care and Adult Day Care or Hospice Services.
5. **TERMS UNDER WHICH PREMIUMS MAY BE CHANGED:** We reserve the right to increase Your premium as of the premium due date; however, any changes in the premium rates must apply to all similar policies issued in Your state on this Policy form. This means We cannot single You out for an

increase because of any change in Your age or health. However, Your rates may go up based on the experience of all Policyholders with a Policy similar to Yours.

6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED:** If You feel this Policy does not meet Your insurance needs, return it to Us or Your producer within 30 Days. If You do so, We will return any premium You may have paid. We also will void Your Policy from its effective date.

When We are notified of Your death or the cancellation of this Policy, We will refund any unearned premium paid. We will refund all premiums paid for the period beyond Your death to Your Beneficiary. In the absence of a named Beneficiary, We will refund unearned premium to Your estate. In the event of the cancellation of this Policy, We will refund premiums paid for the period beyond such cancellation to You.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE:** If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the insurance company. Neither MedAmerica Insurance Company nor its producers represent Medicare, the federal government, or any state government.

DISCLAIMER: THIS POLICY IS NOT DISABILITY INSURANCE OR ANY OTHER TYPE OF INCOME REPLACEMENT COVERAGE. Benefits under this Policy do not replace income or provide payment in the event of illness or accident resulting in disabilities not meeting the definition of Benefit Eligibility as contained herein.

8. **LONG TERM CARE COVERAGE:** Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, Maintenance, or Personal Care Services. These services must be provided in a setting other than an acute care unit of a hospital, such as a nursing facility, in the community, or in the Home.

This Policy provides coverage at 100% of the actual charges incurred up to the Maximum Daily Benefit Amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services. All Benefits count toward fulfillment of Your Maximum Lifetime Benefit. Coverage is subject to Policy limitations and an Elimination Period.

9. **BENEFITS PROVIDED BY THIS POLICY:**

To be Benefit Eligible or achieve Benefit Eligibility under this Policy all of the conditions for receiving Benefits must be met for the coverage You select.

Comprehensive Coverage: Your Benefits are payable if:

1. You are Benefit Eligible; and
2. You reside in a Nursing Home, an Assisted Living Facility or are receiving Home Health Care or Adult Day Care services; or
3. You receive care under a Hospice Care Program.

Facilities Only Coverage: Your Benefits are payable if:

1. You are Benefit Eligible; and
2. You reside in a Nursing Home or an Assisted Living Facility; or
3. You receive care under a Hospice Care Program in a facility.

Benefit Eligible: This means You will receive Benefits. To be Benefit Eligible or achieve Benefit Eligibility under this Policy all of the following conditions must be met.

1. We have verified You are Chronically Ill;
2. You have a Plan of Care; and
3. Your Elimination Period has been met. (Does not apply to Benefits that do not require meeting the Elimination Period.)

Chronically Ill means that as the result of an Assessment You have been certified by a Licensed Health Care Practitioner as having a chronic illness or disability that causes You to:

- a) Require Substantial Assistance with at least two Activities of Daily Living that is expected to last at least 90 Days; or
- b) Have a Severe Cognitive Impairment that requires Substantial Supervision.

We will work with You, Your family and Your physician when We need information about Your condition. This information will be gathered by Us or one of Our representatives. You may contact Us with any questions regarding Our decision.

We will also need a Plan of Care. The Plan of Care is updated as Your needs change. You may use the services of Our Personal Care Advisors. These services are provided at not cost to You.

To continue Benefit Eligibility, We must verify You are Chronically Ill and have an updated Plan of Care at least every 12 months.

Activities of Daily Living

<u>Bathing:</u>	This means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
<u>Continence:</u>	This means the ability to maintain control of bowel or bladder functions; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
<u>Dressing:</u>	This means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
<u>Eating:</u>	This means the ability to feed oneself by getting food into Your body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously.
<u>Toileting:</u>	This means the ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
<u>Transferring:</u>	This means the ability to move into or out of a bed, chair or wheelchair.

Elimination Period: The Elimination Period (Waiting Period) is the number of Calendar Days You must wait before You will receive Benefits. Your Elimination Period begins the earliest of the date We have verified You are Chronically Ill and have a Plan of Care or the date You contact Us to establish Benefit Eligibility. The Elimination Period will end after the number of Days chosen by You and shown in Your Schedule of Policy Benefits has ended. Benefits are not payable during the Elimination Period except where the Policy so states. Days in an Elimination Period are combined, and do not need to be consecutive. You need to meet Your Policy's Elimination Period only once.

Maximum Daily Benefit Amount is the maximum amount We will pay for all charges You incur on any one Day as shown in Your Schedule of Policy Benefits. If an Inflation Option is chosen, this amount will increase per the terms of the rider on Your Policy Anniversary Date.

Maximum Lifetime Benefit: The total amount of Benefits payable under this Policy for care and services as shown on Your Schedule of Policy Benefits. Your original Maximum Lifetime Benefit is determined by Your selection of a Maximum Daily Benefit Amount multiplied by the number of benefit Days You select. We will deduct from this amount all Benefits We pay for all covered services provided under this Policy. If an Inflation Option is chosen, this amount will increase per the terms of the rider on Your Policy Anniversary Date.

Maximum Nursing Home Benefit: If are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Nursing Home while You are a resident.

Maximum Assisted Living Facility: If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Assisted Living Facility Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided in an Assisted Living Facility.

Maximum Home Health Care and Adult Day Care Benefit: *(Available only with the Comprehensive Coverage)*

If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Home Health Care and Adult Day Care Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Home Health Care Agency or an Adult Day Care Facility that are:

1. Home Health Care or personal care attendant services including such things as: personal hygiene, performing Activities of Daily Living, managing medications, and other related support services
2. Adult Day Care
3. nursing services
4. physical, occupational, respiratory and speech therapy
5. homemaker services including light work, household tasks, preparing meals, doing laundry and other incidental household tasks that do not require the services of a trained aide or attendant.

Hospice Services: If You are Benefit Eligible, We will provide Daily Benefits at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for charges incurred each Day You receive services from a Hospice Program. Benefits for Hospice Services are not subject to, nor will they satisfy, the Elimination Period.

When the Comprehensive Coverage is selected, Hospice Services may be provided in a facility or in Your Home. When the Facilities Only Coverage is selected, Hospice Services must be provided in a facility.

Bed Reservation: If You are absent for any reason except discharge during confinement in a Nursing Home or Assisted Living Facility, We will provide Daily Benefits up to 30 Days per calendar year at 100% of the actual charges incurred up to the Maximum Nursing Home Benefit or the Maximum Assisted Living Facility Benefit as applicable.

Respite Care: *(Available only with the Comprehensive Coverage)* If You are Benefit Eligible and You are at Home, We will pay Benefits for Qualified Long Term Care Services for Respite Care provided in Your Home, in a Nursing Facility, or in an Assisted Living Facility. We will pay the actual charges incurred up to the Daily Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for a maximum Benefit of 30 Days per calendar year. Payments made under this Benefit are deducted from Your Maximum Lifetime Benefit. Respite Care Benefits are not subject to, nor will they satisfy, the Elimination Period.

Caregiver Training: *(Available only with the Comprehensive Coverage)* If You are Benefit Eligible, We will pay the charges incurred for Caregiver Training to qualify a volunteer caregiver to assist You. The maximum Benefit available for Caregiver Training will be the lower of:

1. the approved costs, or
 2. 10 times Your Maximum Daily Benefit for Home Health Care and Adult Day Care.
- The Caregiver Training Benefit is not subject to, nor will it satisfy, the Elimination Period.

Alternative Care or Support Services: *(Available only with the Comprehensive Coverage)* If You are Benefit Eligible, under this provision, We may pay for Benefits not directly noted in Your Policy. Such Benefits must be for Qualified Long Term Care Services that are medically acceptable, cost effective and agreed to by You and Us.

Worldwide Coverage: This Policy covers Qualified Long-Term Care Services provided to You anywhere in the world by Licensed Healthcare Practitioners certified by applicable governmental bodies where required.

OPTIONAL RIDERS UNDER THIS POLICY

You may elect any of the optional Riders listed. Depending on the Rider You select, You will pay an additional premium.

Non-Forfeiture Shortened Benefit Period Rider – Form # FC-SBPR-AR

This Rider will provide continued coverage equal to premiums You have paid if Your Policy has been in force for three years and lapses.

[Return of Premium Upon Death Rider (ROPR) and Graded Return of Premium Upon Death Rider (GROPR)

– **Form # FC-ROPR-AR and Form # FC-GROPR-AR**

ROPR: This Rider adds a Benefit to Your Policy to refund, upon Your death, premiums paid less the amount of any Benefits paid or payable.

GROPR: This Rider adds a Benefit to Your Policy to refund a percentage of premiums paid, less the amount of any Benefits paid or payable, upon Your death.]

[Restoration of Benefits Rider – Form # FC-ROBR-AR

This Rider restores Your Policy's Maximum Daily Benefit Amount and Maximum Lifetime Benefit. ONE TIME ONLY, provided You have not received greater than 180 Days of Policy paid services, We will restore this Policy's Maximum Daily Benefit and Maximum Lifetime Benefit to the total that would have applied if no Benefits had been paid under this Policy. This Restoration of Benefits applies when a period of 180 consecutive Days elapses in which:

- a. You are not eligible for, or being paid, Benefits because You are no longer deemed Chronically Ill; and
- b. Your Policy did not lapse and all premiums were paid; and
- c. You did not exhaust Your Maximum Lifetime Benefit; and
- d. Your Policy remained in force.]

[Monthly Cash Benefit Rider – Form # FC-CASHR-AR

This Rider changes how Your Benefits are paid for Assisted Living Facility, Home Health Care, and Adult Day Care services. Under this Rider, Benefits for Assisted Living Facility, Home Health Care, and Adult Day Care services will be covered through monthly cash Benefits equal to 30 times Your Maximum Daily Assisted Living Facility, Home Health Care and Adult Day Care Benefit.]

[Monthly Assisted Living Facility, Home Health Care, and Adult Dare Care Benefit Rider

Form # FC-MBR-AR

This Rider adds a Benefit to Your Policy that changes the basis for payments for Benefits under Your Maximum Daily Benefit Amount for Assisted Living Facility, Home Health Care and Adult Day Care. We will pay the charges incurred for Assisted Living Facility, Home Health Care and Adult Day Care on the basis of services received on a monthly rather than a daily basis. The Maximum Benefit payable in each month will be limited to the Maximum Daily Benefit Amount as of Your most recent Policy Anniversary Date multiplied by 30 Days.]

[20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care and Adult Day Care Rider

Form # FC-EPR-AR

This Rider adds a Benefit to Your Policy that reduces Your Elimination Period for Assisted Living Facility, Home Health Care, and Adult Day Care services to 20 Calendar Days.]

[Extended Benefit Rider Form # FC-EBR-AR

This Rider adds a Benefit to Your Policy after You have exhausted Your Maximum Lifetime Benefit. Your Maximum Lifetime Benefit will increase by the specified number of Days You select as shown on Your Schedule of Policy Benefits. Your Extended Benefit is equal to the specified number of Days times the **original** Maximum Nursing Home Benefit. Your Extended Benefit will become available to pay Benefits after You have exhausted Your Maximum Lifetime Benefit.]

[Survivor Benefit Rider – Form # FC-SVR-AR

You and Your Spouse/Domestic Partner must both purchase this Rider. If after 10 years Your Spouse/Domestic Partner dies and this Rider is still in force, no further payment of premium is due on Your Policy.]

[Shared Extended Benefit Rider – Form # FC-SEBR-AR

You and Your Spouse/Domestic Partner must both purchase this Rider. This Rider adds a Benefit to Your Policy that permits You and Your Spouse/Domestic Partner to share the Benefits of the Shared Extended Benefit that You select in the event one or both of You exhaust Your Maximum Lifetime Benefit.

If Your Spouse/Domestic Partner dies while the Policy is in force, the Days remaining of Shared Extended Benefit remain available to You. You must continue to pay Your portion of the Shared Extended Benefit rider premium to have this Shared Extended Benefit available to You.]

[Shared Waiver Rider – Form # FC-SWR-AR

You and Your Spouse/Domestic Partner must both purchase this Rider. This Rider provides that when one Spouse/Domestic Partner's premiums are waived, premiums will be waived for the other. The Policies must both be in force on the date You become Benefit Eligible and each Policyholder must pay premium for at least two (2) years.]

Inflation Riders: Please refer to the graphic comparison chart in Section 11 for all types of Inflation Options offered.

10. LIMITATIONS AND EXCLUSIONS:

(a) **Pre-existing conditions:** There are no pre-existing condition limitations in this Policy.

(b) **Exclusions:** We will not cover expenses for the following under this Policy:

1. Substance abuse treatment for alcohol or drug addiction.
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self-inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by state or federal law.
5. Services provided by Your Immediate Family, except for Caregiver Training Benefits included in the Benefits section of this Policy.
6. Services for which no charge is normally made in the absence of insurance.
7. Expenses for medications, whether prescription or non-prescription.

(The following is applicable only with the Comprehensive Coverage)

The exclusion regarding Your Immediate Family will not apply to:

1. the Monthly Cash Benefit Rider; or
2. an Immediate Family member who is a Licensed Healthcare Practitioner and employed by a Home Health Care Agency.

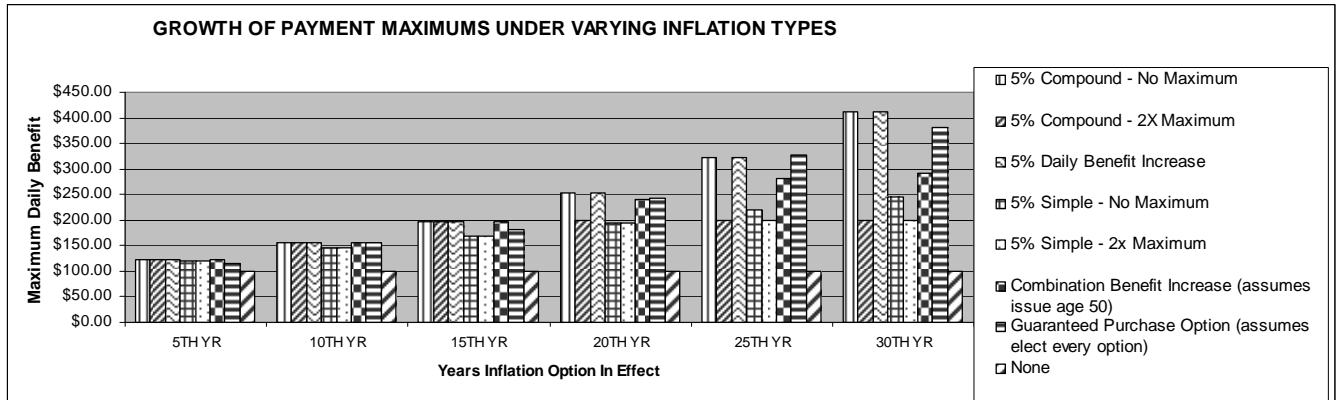
(c) **Nonduplication:** We will not pay Benefits for services or expenses that are reimbursable under Medicare or under any other federal, state or other governmental health care plan or law (except Medicaid). This exclusion also applies to services or expenses that would be reimbursable by Medicare but have been applied to a deductible or coinsurance amount.

**THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED
WITH YOUR LONG TERM CARE NEEDS.**

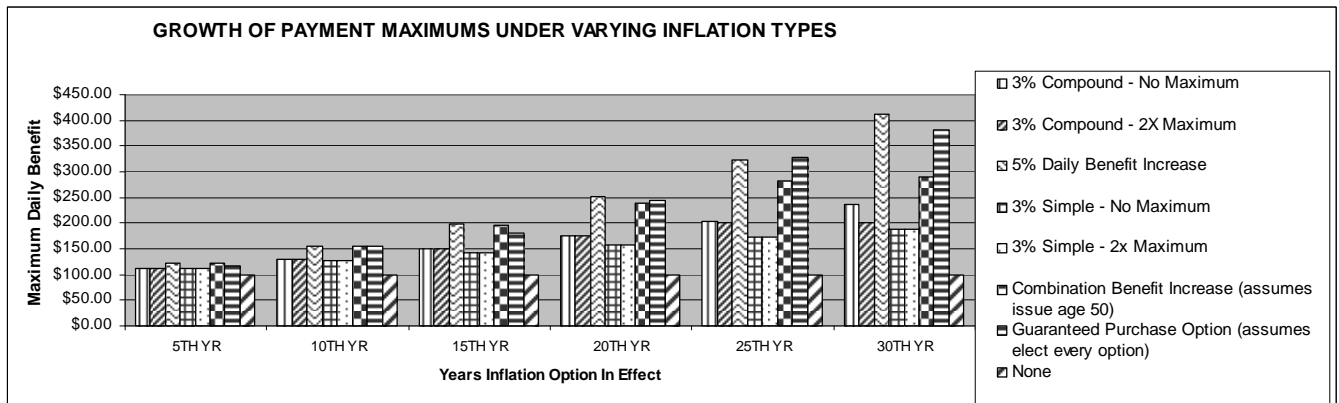
11. RELATIONSHIP OF COST OF CARE AND BENEFITS:

Because the cost of long term care services will likely increase over time, You should consider whether and how the Benefits of this plan might be adjusted. Neither the Maximum Lifetime Benefit nor the Maximum Daily Benefit Amount will increase over time if You do not purchase inflation protection at additional premium cost.

The following is a hypothetical comparison of the levels of a Policy that increases the Maximum Daily Benefit Amount over a period of coverage with a Policy that does not increase. The comparison shows the effect on Benefits at five (5) year intervals over thirty years for a client purchasing a \$100 Daily Benefit with a 5% index percentage for Compound and Simple Inflation, as well as other inflation options offered.



The following is a hypothetical comparison that shows the effect on Benefits at five (5) year intervals over thirty years for a client purchasing a \$100 Daily Benefit with a 3% index percentage for Compound and Simple Inflation, as well as other inflation options offered.



[Compound Inflation – No Maximum Rider: If You purchase this Rider, both Your Maximum Daily Benefit Amount and Your Current Maximum Lifetime Benefit will increase on each Policy Anniversary Date. Your Maximum Daily Benefit will increase by the percentage You select multiplied by the Maximum Daily Benefit in effect on Your previous Policy Anniversary Date. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount. This increase will continue for as long as Your Policy is in force without regard to health status or age.]

[Compound Inflation – 2X Maximum Rider: If You purchase this Rider, both Your Maximum Daily Benefit Amount and Your Current Maximum Lifetime Benefit will increase on each Policy Anniversary Date up to a preset limit. Your Maximum Daily Benefit will increase by the percentage You select multiplied by the Maximum Daily Benefit in effect on Your previous Policy Anniversary Date. Your Current Maximum Lifetime Benefit will increase by the same

proportion as the increase in Your Maximum Daily Benefit Amount. This increase will continue until Your Maximum Daily Benefit is twice its original amount without regard to health status or age.]

[Simple Inflation - No Maximum Rider: If You purchase this Rider, Your Maximum Daily Benefit Amount and Your Maximum Lifetime Benefit will increase on each Policy Anniversary date. Your Maximum Daily Benefit Amount will increase by the percentage You select multiplied by its original amount. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount. Inflation increases will continue for as long as Your Policy is in force without regard to health status or age.]

[Simple Inflation – 2X Maximum Rider: If You purchase this Rider, Your Maximum Daily Benefit Amount and Your Maximum Lifetime Benefit will increase on each Policy Anniversary date up to a preset limit. Your Maximum Daily Benefit Amount will increase by the percentage You select multiplied by its original amount. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount. This increase will continue until Your Maximum Daily Benefit is twice its original amount without regard to health status or age.]

[Combination Benefit Increase Rider: If You purchase this Rider Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit will increase on each Policy Anniversary Date. Prior to Your 61st birthday, the amount of each increase will be 5% of Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts in effect on Your most recent Policy Anniversary Date. Beginning with the first Policy Anniversary Date following Your 61st birthday and on each subsequent Policy Anniversary Date through age 74, the increase will equal 5% of Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts in effect on the first Policy Anniversary Date following Your 61st birthday. There will be no further increases after Your 75th birthday.]

[Daily Benefit Increase Rider: If You purchase this Rider Your Maximum Daily Benefit will increase annually by 5% for compound inflation with no maximum. Inflation increases will continue for as long as Your Policy is in force without regard to health status or age.]

[Guaranteed Purchase Option Rider: If You purchase this Rider, We will provide You with the option to increase Your Maximum Daily Benefit Amount and Maximum Lifetime Benefit. Beginning on Your 2nd Policy Anniversary Date and ending on Your 85TH birthday, We will offer You the option to purchase additional Benefits every 2 years without proof of insurability. The available Benefit for purchase under this Rider will equal 10% of Your Current Maximum Daily Benefit. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in the Maximum Daily Benefit. The premium for the additional Benefits will be based on Your attained age on the effective date of the increase.]

None: If You do not purchase an inflation protection, Your Maximum Daily Benefit and Maximum Lifetime Benefit will not increase over time.

12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS:** This Policy provides coverage if You are clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses that result in a cognitive impairment.

13. **PREMIUM:**

- (a) The total annual premium quoted for Your Policy is shown below. The total premium amount of Your issued Policy is listed on the Premium Information page of Your Schedule of Policy Benefits and may vary from the amount that is identified below due to medical underwriting.

(Producer: Please use the space below to indicate the premium quoted.)

Basic Benefits Annual Premium (Check one)

- a) ☐ Comprehensive Coverage
b) ☐ Facilities Only Coverage

\$ _____

Optional Riders Modal Premium

Inflation Rider	\$ _____
Survivor Benefit Rider	\$ _____
Shared Waiver Rider	\$ _____
Shared Extended Benefit Rider	\$ _____
Extended Benefit Rider	\$ _____
Return of Premium Upon Death Rider	\$ _____
Graded Return of Premium Upon Death Rider	\$ _____
Restoration of Benefits Rider	\$ _____
Non-Forfeiture Shortened Benefit Period Rider	\$ _____
Monthly Cash Benefit Rider	\$ _____
Monthly Assisted Living, HHC, and Adult Day Care Benefit Rider	\$ _____
20 Calendar Day Elimination Period Rider	\$ _____

Total Modal Premium for Optional Riders \$ _____
Less any Discounts

Your Total Modal Premium will be: \$ _____ on a _____ basis*.
The Annualized Modal Premium for this Policy is: _____

* You may elect to pay Your premium on other than an annual basis. Please note that payment schedules of less than annual will result in a higher premium amount paid per year.

14. ADDITIONAL FEATURES:

- (a) Medical underwriting of Your application is used to determine Your eligibility for long term care insurance. It may also be used to determine Your correct Rate Group classification, if applicable.
- (b) Benefits may be available after termination if You are receiving Benefits covered under the Policy. See the "Extension of Benefits" section of Your Policy for specific requirements.
- (c) If Your Policy terminates because of non-payment, You may apply for reinstatement of the Policy.
- (d) No prior hospitalization is required before You can receive coverage under this Policy.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE.

CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

16. SENIOR COUNSELING PROGRAMS: Please refer to *A Shopper's Guide To Long Term Care Insurance* contained in Your enrollment material for the telephone number of the Senior Counseling Program in Your state.

17. LONG TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

1. **Premium Rate:** Your premium rate that is applicable to You and that will be in effect until a request is made and filed with Your State Department of Insurance for an increase is shown on Your schedule page in Your Policy.
2. The premium for this Policy will be shown on the schedule page of Your Policy.
3. **Rate Schedule Adjustments:** If Your rates are changed, the new rates will become effective on the next billing date. The new rates will remain in effect until another request is made and filed with Your State Department of Insurance. You have the right to receive a revised schedule page if the premium rate is changed.
4. **Potential Rate Revision: This Policy is Guaranteed Renewable.** This means that the rates for this coverage may be increased in the future. Your rates CANNOT be increased due to Your age or declining health, but Your rates may go up based on the experience of all Policyholders with a Policy similar to Yours. If You receive a premium rate increase in the future, You will be notified of the new premium amount and You will be able to exercise at least one of the following options:
 - (a) Pay the increased premium and continue Your coverage in force as is.
 - (b) Reduce Your coverage Benefits to a level such that Your premiums will not increase.
 - (c) Exercise Your long term care nonforfeiture option (Shortened Benefit Period Rider), if purchased. This option is available for purchase for an additional premium.
 - (d) Exercise Your contingent nonforfeiture rights - See No. 5. This option is available if You do not purchase a long term care nonforfeiture option mentioned in (c) above.

5. Contingent Nonforfeiture Rights

- (a) If the premium rate for Your Policy goes up in the future and You do not buy a long term care nonforfeiture option, You may be eligible for contingent nonforfeiture. Here's how to tell if You are eligible:
You will keep some long term care insurance coverage, if:
 - (1) Your premium after the increase exceeds Your original premium by the percentage shown, or more, in the table (provided on the next page/below); and
 - (2) You do not pay Your premium within 120 Days of the increase causing Your Policy to lapse.
- (b) The amount of coverage, new lifetime maximum benefit amount, etc., You will keep will equal the total amount of premiums You have paid since Your Policy was first issued. If You have already received Benefits under the Policy, so that the remaining maximum benefit amount is less than the total amount of premiums You have paid, the amount of coverage will be that remaining amount.
- (c) Except for this reduced lifetime maximum benefit amount, all other Policy Benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should You choose this Contingent Nonforfeiture option, Your Policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the Policy at age 65 and paid the \$1,000 annual premium for ten years, so You have paid a total of \$10,000 in premium.
- In the eleventh year, You receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and You decide to not pay any more premiums causing Your Policy to lapse.
- Your "paid-up" Policy Benefits are \$10,000, provided You have at least \$10,000 of Benefits remaining under Your Policy.

**Contingent Nonforfeiture Cumulative Premium Increase over
Initial Premium That Qualifies for Contingent Nonforfeiture Table**

Percentage increase is cumulative from date of original issue.

It does NOT represent a one-time increase.

Issue Age	Substantial Percent Over Initial Premium	Issue Age	Substantial Percent Over Initial Premium
29 and under	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
40-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

In addition to the contingent nonforfeiture Benefits described above, the following reduced "paid-up" contingent nonforfeiture Benefits is an option if You have chosen the 10 Pay or 20 Pay premium payment option, even if You selected a nonforfeiture benefit when You bought Your Policy. If both the reduced "paid-up" benefit AND the contingent benefit described above are triggered by the same rate increase, You can chose either of the two Benefits.

You are eligible for the reduced "paid-up" contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium You are required to pay after the increase exceeds Your original premium by the same percentage or more shown in the chart below;

Triggers for a Substantial Premium Increase

<u>Issue Age</u>	<u>Percent Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying Your premiums within 120 Days of when the premium increase took effect; AND
3. The ratio of the number of months You already paid premiums is 40% or more than the number of months You originally agreed to pay.

If You exercise this option Your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your Benefits will change in the following ways:

- a. The total lifetime amount of Benefits Your reduced paid up Policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the Policy becomes paid up by the ratio of the number of months You already paid premiums to the number of months You agreed to pay them.
- b. The daily benefit amounts You purchased will also be adjusted by the same ratio.

If You purchased lifetime Benefits, only the daily benefit amounts You purchased will be adjusted by the applicable ratio.

Example:

- You bought the Policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, You receive a rate increase of 35% and You decide to stop paying premiums.
- Because You have already paid 50% of Your total premium payments and that is more than the 40% ratio, Your "paid-up" Policy Benefits are .45 (.90 times .50) times the total benefit amount that was in effect when You stopped paying Your premiums. If You purchased inflation protection, it will not continue to apply to the Benefits in the reduced "paid-up" Policy.



Administrative Office:

165 Court Street
Rochester, NY 14647

Product Filing/Contracts Management

Tel: (800) 544-0327 x XXXX

Fax: (585) 238-3642

E-Mail Address:lorie.heimbuck@medamericaltc.com

November 5, 2010

Jay Bradford, Commissioner
Arkansas Department of Insurance
1200 West 3rd. Street
Little Rock, Arkansas 72201-1904

RE: **MedAmerica Insurance Company**
Form and Rate Filing –Tax Qualified Long-Term Care Insurance
FORM #: FC-336-AR et al. (Comprehensive Policy)
FORM #: FC-337-AR et al. (Facilities Only Policy)

NAIC #: 69515 00
FEIN #: 34-0977231

Dear Commissioner Bradford:

The enclosed form and rate filing is submitted for your review and approval. This Long Term Care Insurance Product is intended to be tax-qualified under section 7702B(b) of the Internal Revenue Code. The forms submitted under the Forms Schedule tab are new and are not intended to replace any existing forms. The application format may change depending on the medium used for implementation to allow for another method of taking an application; however the content will remain the same.

This product is being filed with an anticipated target date for product availability of 1/1/11.

Thank you for your consideration of this filing. Please do not hesitate to contact me at the number listed above if I can be of any assistance as you complete your review.

Sincerely,

Lorie A. Heimbuck
LTC Compliance Analyst

FORMS LIST
MedAmerica Insurance Company
FLEXCARE

Long-Term Care Insurance Policy (Tax-Qualified)

Policy Form Numbers: FC-336-AR and FC-337-AR et al.

Long-Term Care Insurance Policy (Comprehensive)	FC-336-AR
Long-Term Care Insurance Policy (Facilities Only)	FC-337-AR
Policy Schedule Page (Located within the Policy)	FC-238-AR
Shared Waiver Rider	FC-SWR-AR
Extended Benefit Rider	FC-EBR-AR
Shared Extended Benefit Rider	FC-SEBR-AR
Survivor Benefit Rider	FC-SVR-AR
Restoration of Benefits Rider	FC-ROBR-AR
Graded Return of Premium Upon Death Rider	FC-GROPR-AR
Return of Premium Upon Death Rider	FC-ROPR-AR
Monthly Assisted Living Facility, Home Health Care, and Adult Day Care Benefit Rider	FC-MBR-AR
Monthly Cash Benefit Rider	FC-CASHR-AR
Non-Forfeiture Shortened Benefit Period Rider	FC-SBPR-AR
20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care and Adult Day Care Rider	FC-EPR-AR
Combination Benefit Increase Rider	FC-CBIR-AR
Simple Inflation – No Maximum Rider	FC-SIMP-AR
Simple Inflation – 2X Maximum Rider	FC-SIMP2X-AR
Compound – No Maximum Rider	FC-CMP-AR
Compound – 2X Maximum Rider	FC-CMP2X-AR
Guaranteed Purchase Option Rider	FC-GPOR-AR
Daily Benefit Increase Rider	FC-DBIR-AR
Outline of Coverage	FC-151-AR
Coverage Change Form (Within 30 days)	FC-15830-AR
Coverage Change Form (After 30 days)	FC-15831-AR
Application	FC-345-AR
Personal Worksheet	FC-200
Suitability Standards	FC-200S

Previously approved forms to be used with this filing. (Filed for reference under Supporting Doc. tab)

Things You Should Know	202 rev	(previously approved on 8-13-2008)
Suitability Letter A	200A	(previously approved on 2-24-2004)
Suitability Letter B	200B	(previously approved on 2-24-2004)
Suitability Instructions	200I	(previously approved on 2-24-2004)
Replacement Form (Insurer Copy)	S2-150	(previously approved on 8-13-2008)
Replacement Form (Applicant Copy)	S2-150A	(previously approved on 8-13-2008)
Conditional Receipt	S2-103	(previously approved on 8-13-2008)

ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

- A. **Name, address and telephone number of issuer:**
MedAmerica Insurance Company
165 Court Street
Rochester, NY 14647
- B. **Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**
Lorie A. Heimbuck
165 Court Street Rochester, NY 14647
800-544-0327 x 4692 lorie.heimbuck@medamericaltc.com
- C. **Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**
FC-336-AR
FC-337-AR

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

11/5/10
Date

William E. Jones, Jr, President
Name and title of officer of the Issuer


Signature of officer of the Issuer

Authorization form for Financial Non-Disclosure on the Long Term Care Insurance Personal Worksheet

For your protection, state law requires us to consider the information on your Long Term Care Insurance Personal Worksheet when we review your application, to avoid selling a policy to you, if you do not need this coverage.

If you have chosen not to disclose your financial information on the Personal Worksheet, please verify below how you would like us to proceed.

☐ Yes, I wish to purchase this coverage. I still choose not to complete the financial information required in the Long Term Care Insurance Personal Worksheet. Please review my application.

☐ No, I have decided not to buy a policy at this time.

Signed _____

Applicant's Signature

_____ Date

Please return this form with your application or enrollment form.

We thank you for your cooperation.

Date:

Dear Applicant:

Your recent application for long term care insurance included a “personal worksheet,” which asked questions about your finances and your reasons for buying long term care insurance. For your protection, state law requires us to consider this information when we review your application, to avoid selling a policy to individuals who may not need coverage.

Your answers indicate that long term care insurance may not meet your financial needs. We suggest that you review the information provided along with your application, including the booklet “Shopper’s Guide to Long Term Care Insurance” and the page titled “Things You Should Know Before Buying Long Term Care Insurance.” Your state insurance department also has information about long term care insurance and may be able to refer you to a counselor free of charge who can help you decide whether to buy this policy.

This form needs to be completed and returned to us before we can make a final decision on your application. If, after careful consideration, you would like to continue with the purchase of this policy, please check the appropriate box below and return this letter to us within the next 60 days. We will then finalize the processing of your application for this long term care insurance and if insurable, issue you a policy.

If we do not hear from you within the next 60 days, we will close your file and not issue you a policy. You should understand that you will not have any coverage until we received this signed letter, approve your application and issue you a policy.

Please check one box and return it to our attention.

- ☐ Yes, although my worksheet indicates that long term care insurance may not be a suitable purchase, I wish to purchase this coverage. Please finalize the processing of my application.
- ☐ No. I have decided not to buy a policy at this time.

APPLICANT’S SIGNATURE

DATE

Please return to the company within 60 days to the address below:

Long Term Care Operations
[165 Court Street]
[Rochester, NY 14647]

Information to Help You With the Long Term Care Insurance Personal Worksheet

In addition to your application for long term care insurance, state law requires us to consider the information you provide on the **Long Term Care Insurance Personal Worksheet** when we review your application. The purpose is to avoid selling a policy to individuals who for financial reasons, may not need coverage. For your protection, we must retain records indicating that we have asked you to provide documentation that demonstrates the purchase of this insurance is appropriate with your financial resources.

The financial information in the “**Personal Worksheet**,” is voluntary. You may or may not choose to provide the income and asset information on this form. Whether you choose to complete this form or not, does not affect your rights to choose to purchase this long-term care insurance.

Completing the “**Personal Worksheet**” will help you determine whether the purchase of this insurance will affect your standard of living. The final choice to complete the form and purchase this insurance is completely yours. However any information you provide on the “**Personal Worksheet**” and your application for insurance is for company use only and is kept in the strictest of confidence.

We would be pleased to be your long term care insurance provider now and in the future. It is in your best interest to consider if you are buying this policy to protect your assets but your assets are less than \$30,000, you may wish to consider other options for financing your long term care. In as much as the purchase of long term care insurance can help you maintain your independence, give you more freedom in choosing care providers and help preserve your assets, you should consider if the premium payments would create a financial hardship for you. We consider this purchase of long term care insurance as a commitment for many years. Your ability as an insured to pay the premiums should be taken into account in your decision to buy this insurance.

Our long term care insurance specialists in our Customer Service area or your personal agent, are qualified to discuss the **Long Term Care Insurance Personal Worksheet** with you and help you to determine if this purchase is appropriate for you and to design a financially sound insurance plan for all of your long term care needs.

Thank you for choosing us to be your long term care insurance company.

Things You Should Know Before You Buy Long Term Care Insurance

- | | |
|---------------------------------|--|
| Long-Term Care Insurance | <ul style="list-style-type: none"> • A long term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it. • You should not buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future. • The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs. |
| Medicare | <ul style="list-style-type: none"> • Medicare does not pay for most long term care. |
| Medicaid | <ul style="list-style-type: none"> • Medicaid will generally pay for long term care if you have very little income and few assets. You should not buy this policy if you are now eligible for Medicaid. • Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services. • When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets. • Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local County Department of Social Services. |
| Shopper's Guide | <ul style="list-style-type: none"> • Make sure the insurance company or agent gives you a copy of the appropriate Shopper's Guide regarding Long Term Care Insurance approved by Your States Commissioner of Insurance. Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy. |
| Counseling | <ul style="list-style-type: none"> • Free counseling and additional information about long term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state. |
| Facilities | <ul style="list-style-type: none"> • Some long term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy. |

CONDITIONAL PREMIUM RECEIPT
MEDAMERICA INSURANCE COMPANY

Administrative Offices: 165 COURT STREET, ROCHESTER, NY 14647

This acknowledges receipt of the initial premium in connection with your application for a MedAmerica Insurance Company long term care insurance policy. All premium checks must be made payable to MedAmerica. Do not make check payable to the producer or leave the payee blank.

PAYMENT OF PREMIUM DOES NOT PROVIDE INSURANCE COVERAGE UNTIL THE CONDITIONS SPECIFIED BELOW ARE SATISFIED.

APPLICANT NAME: _____ APPLICATION DATE: _____
PREMIUM RECEIPT DATE: _____ INITIAL PREMIUM*: \$ _____

* For Monthly EFT: A minimum of 2 months conditional premium is required.

* For Credit Card: We will debit your card upon underwriting accepting you for coverage.

SIGNATURE OF LICENSED AND APPOINTED PRODUCER

X _____

Producer Name and Business Address(Please Print)

The initial and subsequent premiums will differ from the amount submitted if coverage is issued other than as applied for or an anticipated discount does not apply. The premium for coverage applied for is based on medical underwriting guidelines and the premium quoted includes certain assumptions regarding the applicant's health.

If coverage is declined, this amount will be returned.

CONDITIONS THAT MUST BE SATISFIED BEFORE COVERAGE IS EFFECTIVE

1. THIS RECEIPT IS SIGNED BY THE SAME PRODUCER AS THE APPLICATION;
2. AN AMOUNT EQUAL TO THE PREMIUM NOTED ABOVE HAS BEEN COLLECTED WITH THE APPLICATION; AND
3. MEDAMERICA, UPON INVESTIGATION, IS SATISFIED THAT ON THE EFFECTIVE DATE OF COVERAGE, SUCH PERSON WAS INSURABLE ACCORDING TO THE COMPANY'S RULES AND REGULATIONS.

EFFECTIVE DATE OF COVERAGE

IF THE APPLICANT IS INSURABLE, THE POLICY WILL BECOME EFFECTIVE ON THE LATEST OF THE FOLLOWING DATES:

1. DATE OF COMPLETION OF ALL PARTS OF THE APPLICATION AND SUPPLEMENTS THERETO ON ALL PERSONS PROPOSED FOR INSURANCE; OR
2. DATE OF COMPLETION OF ALL REPORTS, MEDICAL EXAMINATIONS OR TESTS, INCLUDING A SECOND MEDICAL EXAMINATION, AS REQUESTED FOR ANY PERSON TO BE INSURED BECAUSE OF AGE, MEDICAL HISTORY, THE PLAN, OR THE AMOUNT OF INSURANCE APPLIED FOR; OR
3. THE DATE AS REQUESTED ON THE APPLICATION, WHICH MAY BE NO GREATER THAN SIXTY DAYS BEYOND THE COMPANY ASSIGNED EFFECTIVE DATE AND NOT EARLIER THAN THE APPLICATION SIGNATURE DATE. IF YOU HAVE SELECTED THIS OPTION, YOU AGREE TO THE FACT THAT YOU MAY BE WAIVING CERTAIN RIGHTS AND GUARANTEES UNDER THE CONDITIONAL RECEIPT.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE INSURER COPY

MedAmerica Insurance Company
Administrative Offices: 165 Court Street, Rochester, NY 14647

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long term care insurance and replace it with an individual long term care insurance policy to be issued by MedAmerica Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long term care coverage is a wise decision.

STATEMENT TO APPLICANT BY PRODUCER:

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long term care insurance coverage, you may wish to secure the advice of your present insurer or its producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

 PRODUCER SIGNATURE: _____ DATE: _____

Typed or Printed Name of Producer, Broker, or Other Representative: _____

The above "Notice to Applicant" was delivered to me on (Date): _____

 APPLICANT SIGNATURE: _____ DATE: _____

COMPLETE AND RETURN

NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE APPLICANT COPY

MedAmerica Insurance Company
Administrative Offices: 165 Court Street, Rochester, NY 14647

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long term care insurance and replace it with an individual long term care insurance policy to be issued by MedAmerica Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long term care coverage is a wise decision.

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1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long term care insurance coverage, you may wish to secure the advice of your present insurer or its producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

 PRODUCER SIGNATURE: _____ DATE: _____

Typed or Printed Name of Producer, Broker, or Other Representative: _____

The above "Notice to Applicant" was delivered to me on (Date): _____

 APPLICANT SIGNATURE: _____ DATE: _____



Thank You for selecting MedAmerica Insurance Company as Your long term care insurer. We are pleased to provide You with this Policy. Your coverage, if the first premium is paid as stated herein, begins at 12:01 a.m. Standard time at Your Home on the Effective Date of this Policy. It ends on 12:01 a.m. Standard time at Your Home on the Termination Date of this Policy.

PLEASE READ THIS POLICY CAREFULLY.

This Policy is intended to be a qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Notice to Buyer: This Policy may not cover all the costs associated with long term care incurred during the period of coverage. The buyer is advised to review carefully all Policy limitations.

DISCLAIMER: THIS POLICY IS NOT DISABILITY INSURANCE OR ANY OTHER TYPE OF INCOME REPLACEMENT COVERAGE. Benefits under this Policy do not replace income or provide payment in the event of illness or accident resulting in disabilities not meeting the definition of Benefit Eligibility as contained herein.

THIS POLICY IS GUARANTEED RENEWABLE: This Policy will continue for Your lifetime as long as You do not exhaust the Maximum Lifetime Benefit and You pay the premiums within the allowable time. We cannot change the provisions of this Policy without Your consent. We can change Your premium with 45 Days written notice, but only if We change the premiums for all similar Policies issued in Your state on this Policy form. You cannot be singled out for any increase because of a change in Your age or health.

NOTE: With the exception of the statement that We cannot change the provisions of this Policy without Your consent, the above paragraph does not apply to Policies on which premiums are no longer payable.

RIGHT TO EXAMINE POLICY: If You feel this Policy does not meet Your needs, You may return it to Your producer or Us within 30 Days. If You do so: (1) We will return the premium You paid; and (2) We will not provide any Benefits under this Policy.

CAUTION: The issuance of this long term care Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the above mailing address.

You may reach the Arkansas Insurance Department at the following address: Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904 or call [1-501-371-2640 or 1-800-852-5494]

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Failure To Cooperate: If You fail to cooperate with Us in proceeding against the party responsible for Your illness or injury to recover the Benefits We have paid, We will be entitled to be reimbursed for said Benefits from a settlement or judgment You receive from the responsible party.